

Name in Full		Howard Quentin Alsip				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Mapleville		County Washington		MARYLAND	
	Date of death	1909	Month April	Day 28	Age Years	Months 10	Days 14
	Sex	Male		Color or Race	White		Birth-place Maryland
	Occupation	None		Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Harry Alsip				Father's Birthplace	Maryland
	Mother's Maiden Name	Marta Fry				Mother's Birthplace	Maryland
Name of person giving information	Marta Alsip				How related to deceased	Mother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Double Pneumonia				How long	6 days
	Immediate	Collapse, Heart Failure				How long	Sudden
	Are the name, age, sex, color, date and place correctly given above?	yes.				Signature of Physician	J. Hulst, M.D.
	Address						Boonville, Ind.
Accident or Suicide?	No						

93

Bruny & Best
Widutellen

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Date

of death 1909

Month

4

Day

30

Age

Years

84

Months

Days

Sex

female

Color or
Race

white

Birth-
place

Md.

Occupation

H. W.

Where Residing if not
at place of deathMarried, Single
or Widowed

married

Name of ~~Wife~~
Husband

Alfred V. Barr.

Father's
Name

Jacob Protzman

Father's
Birthplace

Md.

Mother's
Maiden Name

Elizabeth Ringer

Mother's
Birthplace

Md.

Name of person giving
Information

E. Jeannette Barr

How related
to deceased

daughter.

CAUSES OF DEATH

Primary

apoplexy - (Cerebral Hemorrhage.)

How long

7 days.

Immediate

Toxæmia -

How long

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

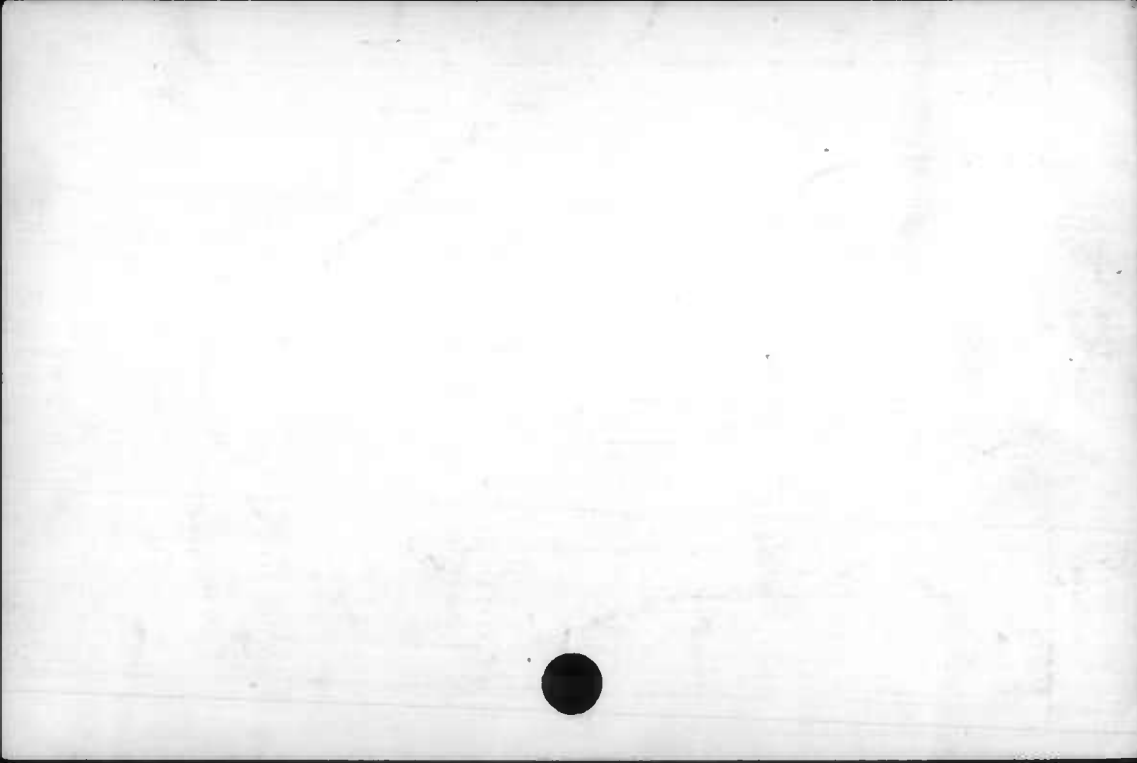
V. H. Miller, Jr.

Address

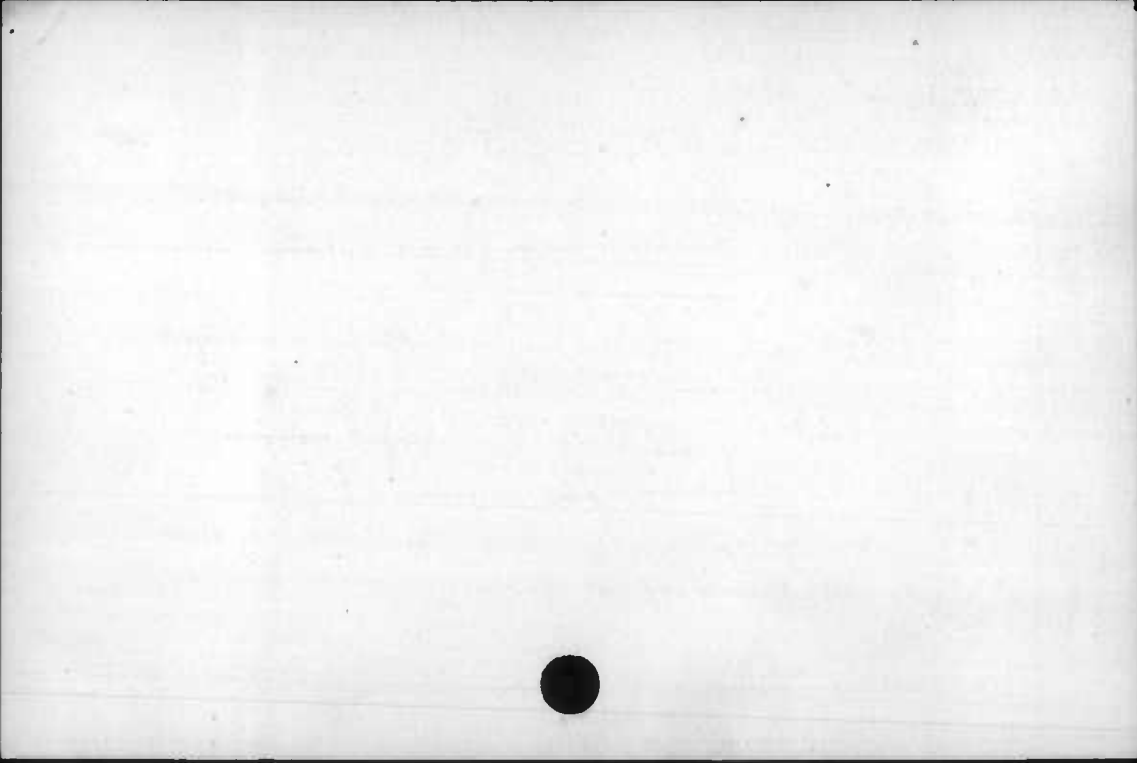
Hag. Md.

Accident or Suicide

No



Name in Full		John Wesley Beard				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Chenoweth		County Washington		MARYLAND	
	Date of death	1909	Month 4	Day 4	Age 71	Months 3	Days 27
	Sex	Male		Color or Race	White		
	Occupation	Farmer			Birth-place	Leitersburg	
	Where Residing if not at place of death	Chenoweth Md					
	Married, Single or Widowed	Married		Name of Wife or Husband	Sarah S. Beard		
	Father's Name	Nicholas Beard			Father's Birthplace	Chenoweth	
	Mother's Maiden Name	Mary Lyday			Mother's Birthplace	Unknown	
Name of person giving information	Benj. A. Beard			How related to deceased	Son		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Known Debility				How long	25 or more yrs
	Immediate	Acute Indigestion				How long	Several days
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	Jos. Prohman M.D.
						Address	Smithsburg Md.
	Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Miss Barbara A. Bentz

Died at Frankston Washington County MARYLAND

Date of death 1909 4 Month 9 Day 14 Age 14 Years Months Days

Sex Female Color or Race White Birth-place Frankston

Occupation Retired Where Residing if not at place of death Frankston

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name Henry Bentz Father's Birthplace Frankston

Mother's Maiden Name William Essinger Mother's Birthplace Beaverbrook

Name of person giving information Mrs. Kate Eakle How related to deceased Sister

CAUSES OF DEATH

123

PHYSICIAN
OR CORONER

Primary Chronic Cystitis of the arteries How long 8 months

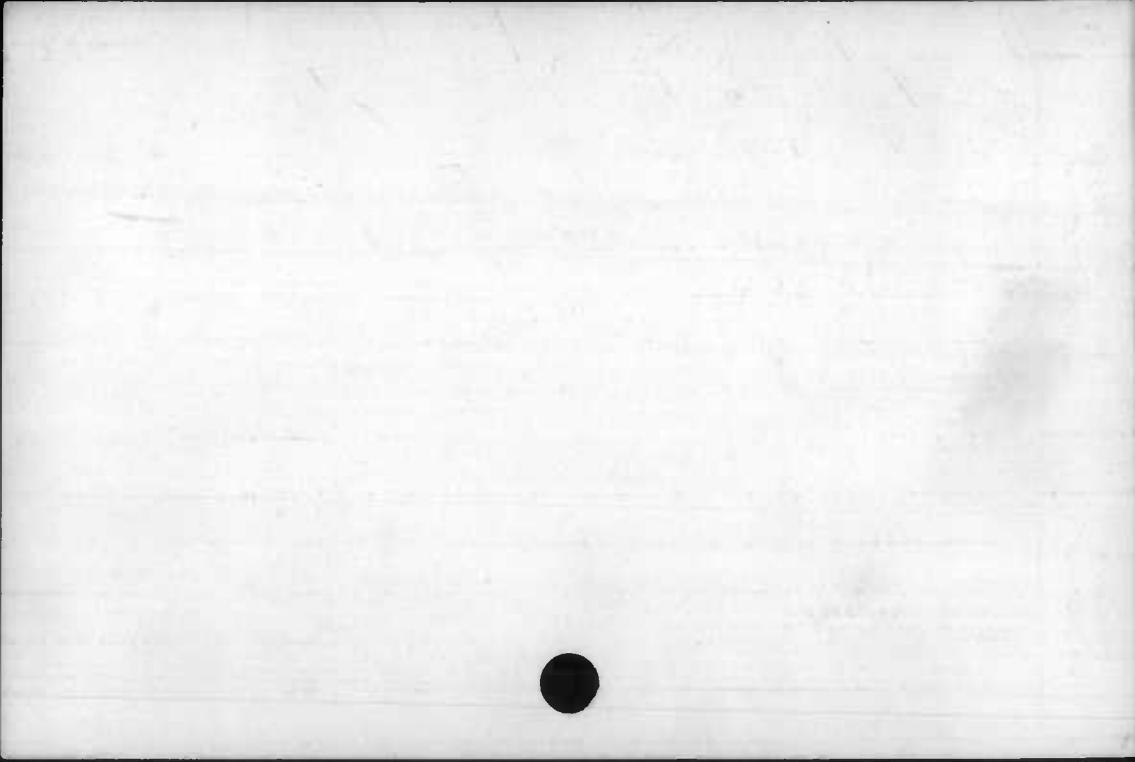
Immediate Inanition due to sclerosis of How long 3 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Dr. J. D. Newcome

Address Frankston Md

Accident or Suicide?



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Ethel Irene Bonds.		Washington		MARYLAND	
	Died at ^{Town} Hagerstown		^{County} Washington			
	Date of death	1909	Month	4	Day	
		10	Age	1	Years	
				6	Months	
					Days	
	Sex	Female	Color or Race	White	Birth-place	
	Occupation	Child	Where Residing if not at place of death			
TO BE ANSWERED BY NEAREST FRIEND	Married, Single or Widowed		Name of Wife or Husband			
	Father's Name	Claude Bonds.	Father's Birthplace	N. Va.		
	Mother's Maiden Name	Mary E. Smith	Mother's Birthplace	Md.		
	Name of person giving information	Claude Bonds.	How related to deceased	Father		
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Pneumonia	How long	6 days.		
	Immediate	Syncope	How long	1		
	Are the name, age, sex, color, date and place correctly given above?		Yes.			
	Signature of Physician		J. B. Laughlin			
	Address		Hagerstown Md.			
	Accident or Suicide?					

Coffman
Rose Hill.

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town <i>Washington</i>		County <i>Washington</i>		MARYLAND	
Date of death	1907	Month	4	Day	20	Age	Years
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>md</i>		Months	
Occupation <i>Child</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Charles Bollhart</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Lena Marakany</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>Charles Bollhart</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

150

Primary	<i>Congenital Heart Disease.</i>	How long	<i>24 hours.</i>
Immediate	<i>asphyxia.</i>	How long	<i>12</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>V. E. Dineen</i>	
		Address <i>Hagerstown</i>	
Accident or Suicide? <i>No</i>			

PHYSICIAN
OR CORONER

Coffman

Rose. Still

Name
in
Full

Wm J. Eaton Brillhart.

CERTIFICATE OF DEATH

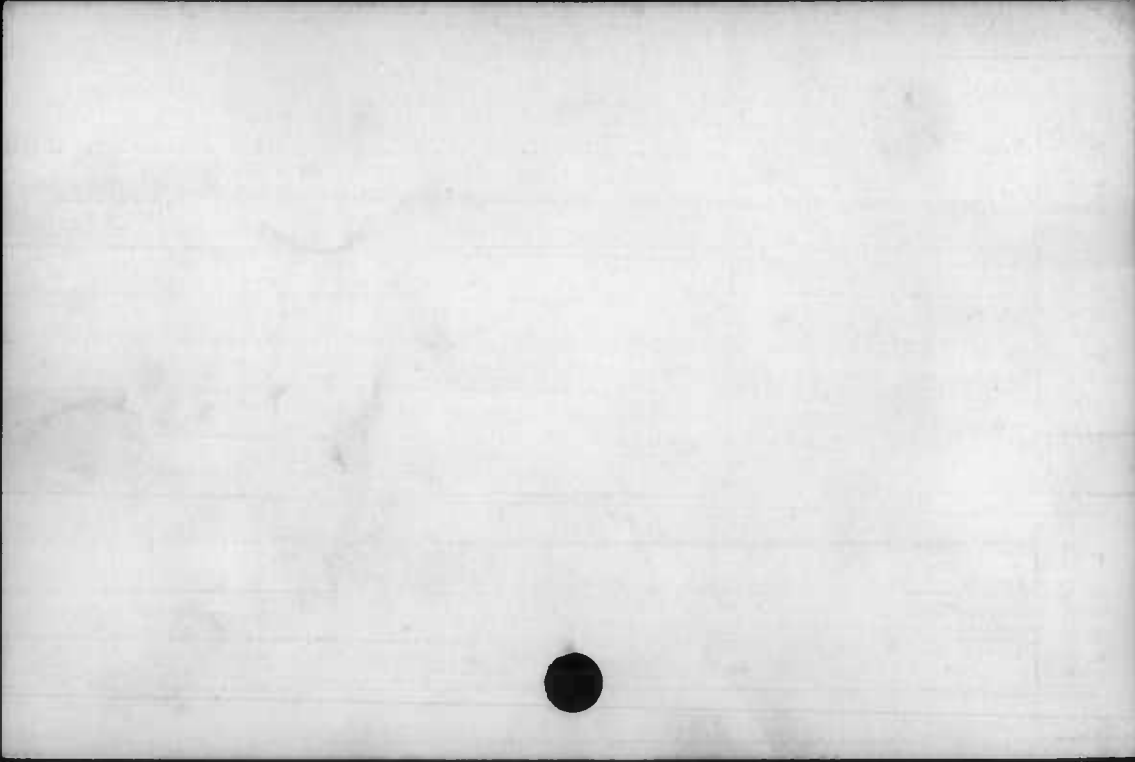
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town <i>Wash.</i>		County		MARYLAND	
Date of death	<i>1900</i>	Month <i>April</i>	Day <i>20</i>	Age <i>✓</i>	Years	Months <i>✓</i>	Days <i>1</i>
Sex <i>Male</i>	Color or Race <i>W</i>			Birth-place <i>Ind</i>			
Occupation <i>✓</i>				Where Residing If not at place of death <i>✓</i>			
Married, Single or Widowed <i>✓</i>				Name of Wife or Husband <i>✓</i>			
Father's Name <i>Chas Brillhart Sr</i>				Father's Birthplace <i>Va</i>			
Mother's Maiden Name <i>Lena Mauchan</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Wm J. Eaton</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Congenital Heart Disease</i>	How long	<i>1 day</i>
Immediate	<i>Asphyxia</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Wm J. Eaton</i>	
		Address <i>Ind</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Louise Brooks</i>		Town <i>Hagerstown</i>		County <i>Wash.</i>		State <i>MARYLAND</i>	
Died at <i>Hagerstown</i>		Month <i>4</i>		Day <i>22</i>		Years <i>11</i>	
Date of death <i>1909</i>		Age <i>15</i>		Months <i>11</i>		Days <i>15</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Ind.</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Daniel M. Brooks</i>		Father's Birthplace <i>Va</i>					
Mother's Maiden Name <i>Emma Mentzer</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving information <i>D M Brooks</i>		How related to deceased <i>father</i>					

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary <i>acute Bronchitis</i>	How long <i>few days</i>
Immediate <i>asphyxia</i>	How long <i>.. ..</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>V. D. Miller, Jr.</i>
	Address <i>Ind. Ind.</i>
Accident or Suicide? <i>no</i>	

Sutter

Name in Full		Town		County		MAYLAND	
Unborn child of James & Nora Clark.		Hagerstown		Wash.			
Diad at		Date of death		Age		Months Days	
1909		4		26		4	
Sex		Color or Race		Birth-place			
Female		white		Md.			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace			
single				Perma.			
Father's Name		Mother's Maiden Name		Mother's Birthplace			
James C. Clark		Nora Friese		Perma.			
Name of person giving Information		How related to deceased		father.			
James C. Clark							
CAUSES OF DEATH							
Primary		How long		105			
acute Enteritis		4 days.					
Immediate		How long		"			
Exhaustion -							
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address			
		John D. Miller, Jr.		Hagerstown, Md.			
Accident or Suicide							

Suter
Chamberg, Pa

Name
in
Full

Richard Cline

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highfield</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month <i>April</i>	Day <i>15</i>	Age <i>19</i> ^{Years}	Months <i>19</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Highfield</i>		
Occupation _____			Where Residing if not at place of death <i>at place of death</i>		
Married, Single or Widowed _____		Name of Wife or Husband _____			
Father's Name <i>James W Cline</i>			Father's Birthplace <i>Pennsylvania</i>		
Mother's Maiden Name <i>Catharine E Kipe</i>			Mother's Birthplace <i>Illinois</i>		
Name of person giving information <i>James W Cline</i>			How related to deceased <i>Father</i>		

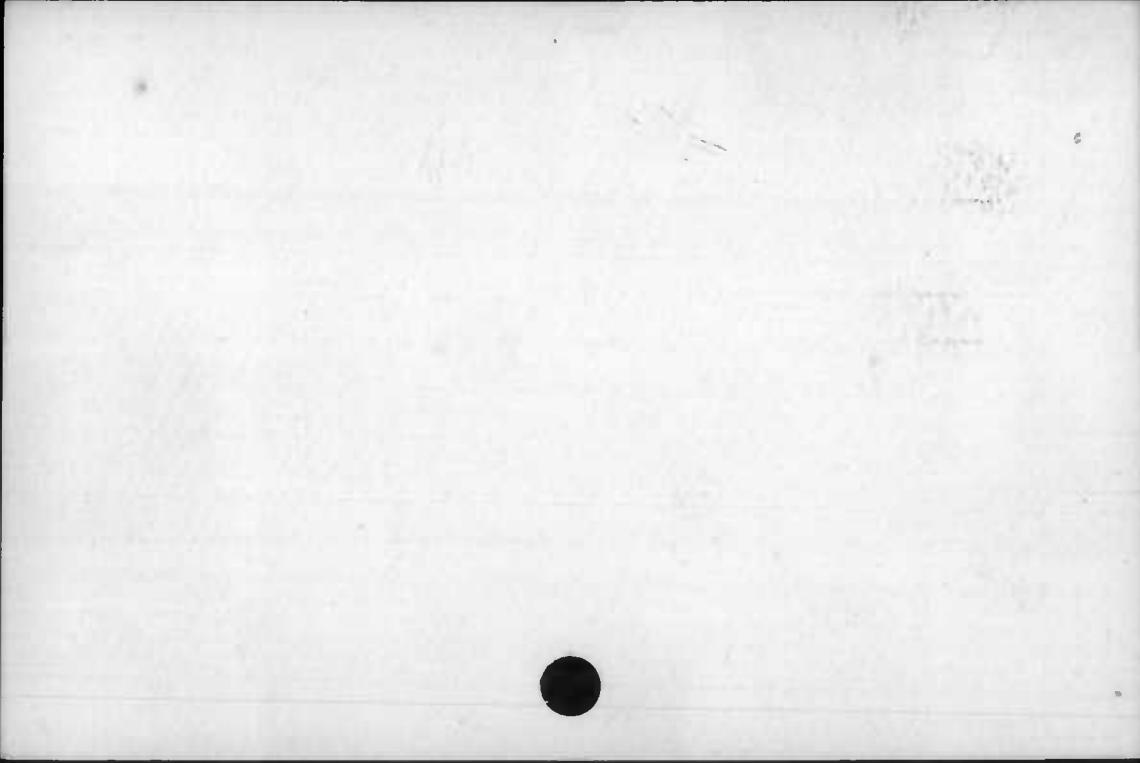
Infantile Paralysis:

CAUSES OF DEATH

63

PHYSICIAN
OR CORONER

Primary <i>Convulsions & paralysis</i>	How long _____
Immediate <i>"</i>	How long <i>6 days.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician _____
	Address <i>C. L. Wachter</i>
Accident or Suicide?	



Name
in Full

CERTIFICATE OF DEATH

Died at

near

Town

County

MARYLAND

Date

of death

190

9

4

25

Age

69

Months

Days

21

Sex

female

Color or Race

white

Birth-place

Md.

Occupation

N. W.

Where Residing if not at place of death

Married, Single or Widowed

married

Name of Husband

John Clopper.

Father's Name

Martin Myers

Father's Birthplace

Penn.

Mother's Maiden Name

Mary Myers

Mother's Birthplace

Penn.

Name of person giving Information

John Clopper

How related to deceased

husband.

CAUSES OF DEATH

Primary

Cerebral Apoplexy

How long

2 days

Immediate

Cardiac Failure

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Montezuma

Address

Wagertown, Md

Accident or Suicide

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

Letter
Montgomery Church, Pa

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary Susan E. Leach* Town *Hagerstown* County *Washington* **MARYLAND**
 Died at *Hagerstown* *Washington*
 Date of death 190*9* Month *4* Day *10* Age *62* Years Months *10* Days
 Sex *Female* Color or Race *White* Birth-place *Pa*
 Occupation *Housewife* Where Residing if not at place of death *—*
 Married, Single or Widowed *Married* Name of Wife or Husband *Geo. W. Leach*
 Father's Name *Geo. W. Miller* Father's Birthplace *Pa*
 Mother's Maiden Name *Eliza McCombie* Mother's Birthplace *Pa*
 Name of person giving Information *Roger Leach* How related to deceased *Son*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *Chronic Endocarditis & Nephritis* How long *3-4 years.*
 Immediate *Gravida* How long
 Are the name, age, sex, color, data and place correctly given above? *Yes.* Signature of Physician *John D. Miller, Jr.*
 Address *Hagerstown, Md.*
 Accident or Suicide *No.*

Watkins

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Josephine Cornell* Town *Edgemont* County *Washington* *MARYLAND*

Died at *Edgemont* Month *April* Day *6* Age *65* Months *5* Days *17*

Date of death *1909*

Sex *Female* Color or Race *White* Birth-place *Emmitsburg*

Occupation *House-wife* Where Residing if not at place of death *Edgemont*

Married, Single or Widowed *Widow* Name of Wife or Husband *Jacob Cornell*

Father's Name *James Andrew* Father's Birthplace *unknown*

Mother's Maiden Name *unknown* Mother's Birthplace *unknown*

Name of person giving information *Frances J. Maloney* How related to deceased *Daughter*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *General Debility* How long *over year*

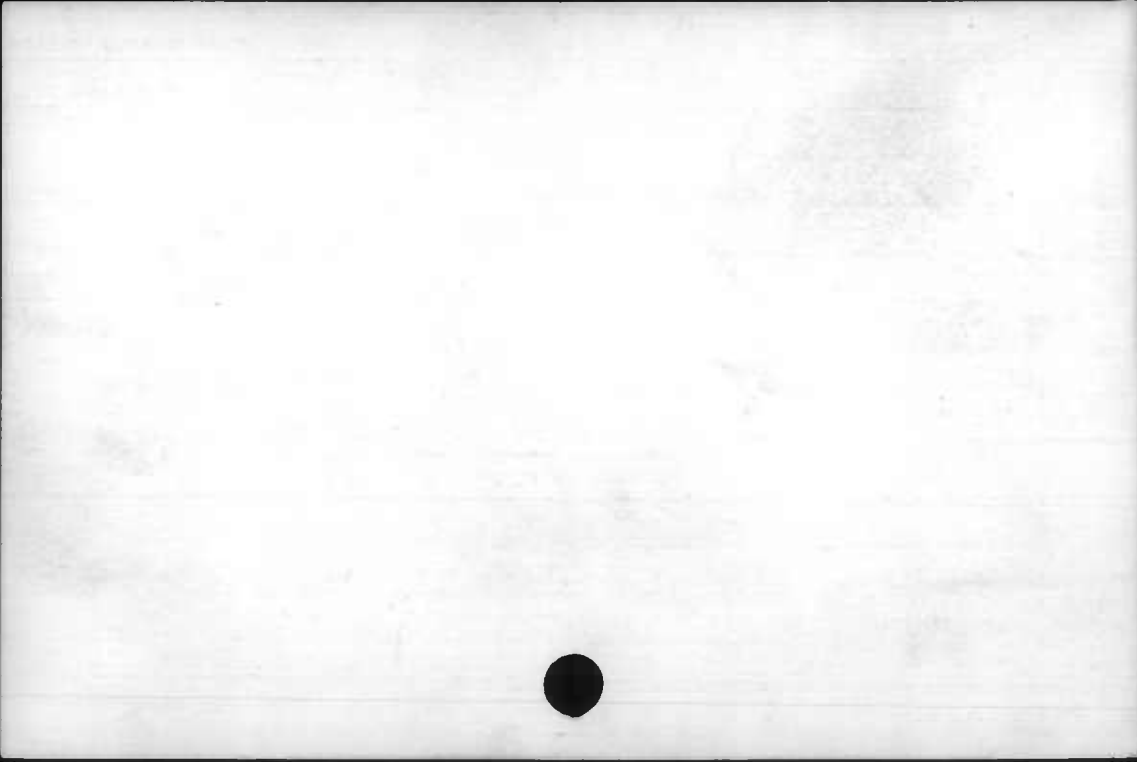
Immediate *Heart Trouble* How long *3 months*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Dr. W. D. Kefauver*

Address *Emmitsburg Maryland*

~~Accident or Suicide~~



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Frank A. Cunningham X

Disd at ^{Town} *Bakersville* ^{County} *Washington* **MARYLAND**

Date of death 190 ^{Month} *9* ^{Day} *8* Age ^{Years} *—* ^{Months} *8* ^{Days} *29*

Sex *Male* Color or Race *White* Birth-place *Bakersville*

Occupation *—* Where Residing if not at place of death *—*

Merrid, Single or Widowed *—* Name of Wifs or Husband *—*

Father's Name *Wm Cunningham* Father's Birthplace *Maryland*

Mother's Msiden Nms *Florence Grady* Mother's Birthplace *Bakersville*

Name of person giving Information *Mrs. Wm Cunningham* How related to deceased *Mother*

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary *Inanition* How long *All his life virtually*

Immediate *Exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. A. Howell Goodwin*

Address *W. A. Howell Goodwin*

Accident or Suicide

M. C. Reichard
Fairplay, Md.

Dr. Please return
this on to-morrow
morning's mail.
without fail.

Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

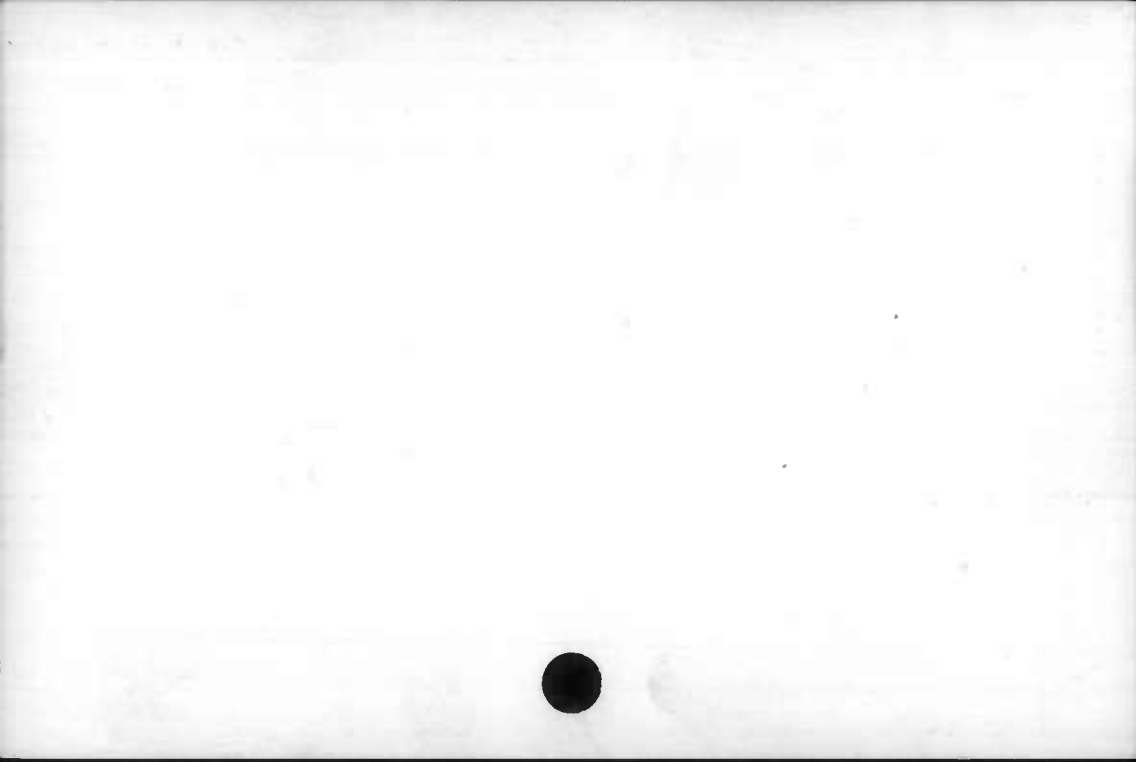
Died at <i>Clear Spring</i> ^{Town}		<i>Wash</i> ^{County}		MARYLAND	
Date of death	Month <i>April</i>	Day <i>18</i>	Age <i>—</i>	Months <i>7</i>	Days <i>28</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Montgomery Co</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Charles Duval</i>			Father's Birthplace <i>Fredrick Co</i>		
Mother's Maiden Name <i>Mazie Repp</i>			Mother's Birthplace <i>Clear Spring</i>		
Name of person giving Information <i>Mrs Jennie Pool</i>			How related to deceased <i>Aunt</i>		

CAUSES OF DEATH

145

PHYSICIAN
OR CORONER

Primary <i>Eczema</i>	How long <i>6 months</i>
Immediate <i>Exhaustion</i>	How long <i>4 weeks</i>
Are the name, age, sex, color, data and place correctly given above? <i>yes</i>	Signature of Physician <i>Theo. Boase</i>
	Address <i>Clear Spring, Md.</i>
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Elizabeth Easterday</i>		Town <i>Sharpsburg</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Sharpsburg</i>		Date of death <i>1909</i>		Month <i>4</i>		Day <i>8</i>	
Age <i>26</i>		Years <i>7</i>		Months <i>7</i>		Days <i>7</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Antietam</i>			
Occupation <i>None</i>				Where Residing if not at place of death <i>— — —</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>— — —</i>			
Father's Name <i>Conrad Easterday</i>				Father's Birthplace <i>Floyd Co</i>			
Mother's Maiden Name <i>Addie Johnson</i>				Mother's Birthplace <i>W Va</i>			
Name of person giving information <i>Mrs Conrad Easterday</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>About 2 weeks</i>
Immediate	<i>Heart Failure</i>	How long	<i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. Howell Gardner</i>	
		Address <i>Sharpsburg Md</i>	
Accident or Suicide?			

L E Duman & Son

Name
in
Full

Flora Kate Egensbrode

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Smithsburg		County Washington		MARYLAND	
Date of death	1909	Month 4	Day 13	Age 39	Year	Months 2	Days 14
Sex	Female	Color or Race	White	Birth-place	Sabillasville		
Occupation	hus wife		Where Residing if not at place of death		Smithsburg		
Married, Single or Widowed	married		Name of Wife or Husband		Egler		
Father's Name	Adam H Egler			Father's Birthplace	Sabillasville		
Mother's Maiden Name	Margaret McBlain			Mother's Birthplace	Sabillasville		
Name of person giving Information	Edgar			How related to deceased	Husband		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Laryngeal Phthisis	How long	About 1 year
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Joseph Prohman M.D.
722		Address	Smithsburg Md.
Accident or Suicide			



Name
in
Full

Mary. C. Emmert.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Hagerstown		Washington		MARYLAND	
Date of death	1909	Month	4	Day	10	Age	59
Sex	Female	Color or Race	White	Birth-place	Md.		
Occupation	Housewife			Where Residing if not at place of death	—		
Married, Single or Widowed	Married		Name of Wife or Husband	Isaac Emmert			
Father's Name	Elias Young Jr.			Father's Birthplace	Md		
Mother's Maiden Name	Caroline Bear			Mother's Birthplace	Md		
Name of person giving Information	Isaac Emmert			How related to deceased	Husband		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Nephritis	How long	2 yrs
Immediate	Uraemia	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	A. P. Hawkes
		Address	Hagerstown Md.
Accident or Suicide	no		

Watkins

Name
in
Full

Edith L Fessler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

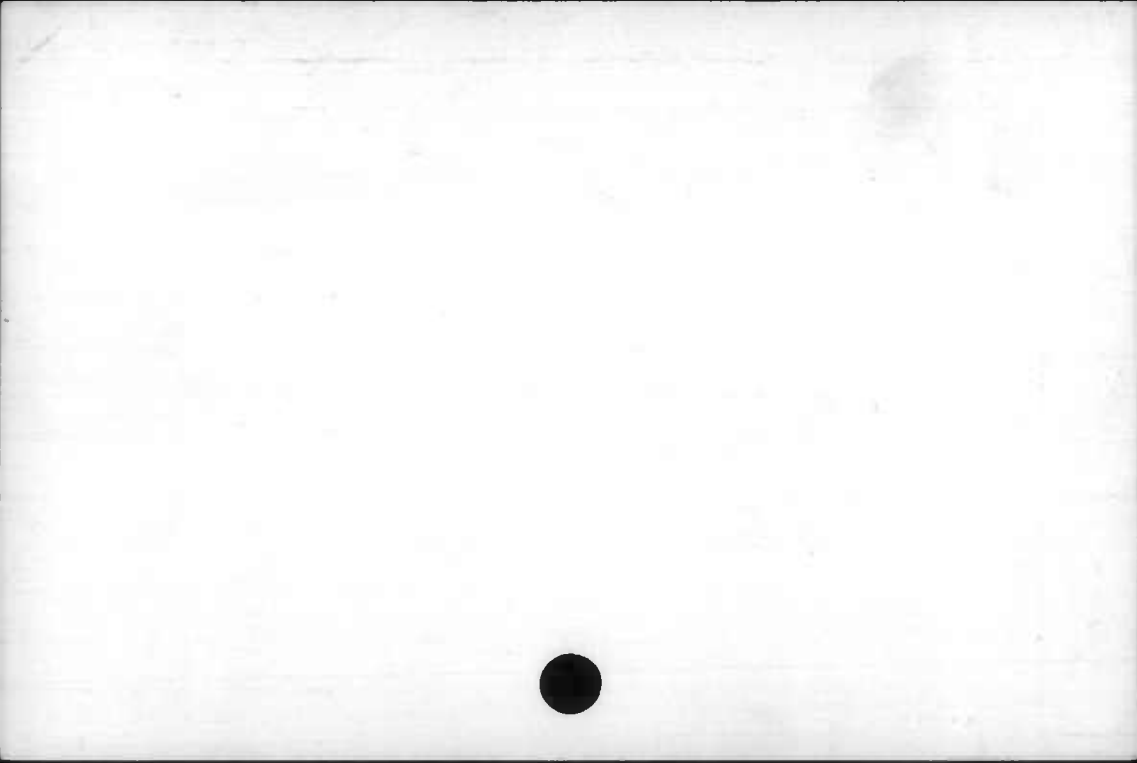
Died at <u>Edgemont</u>		Town <u>Washington</u>		County <u>MARYLAND</u>	
Date of death <u>1909</u>	Month <u>4</u>	Day <u>11</u>	Age <u>5</u>	Years <u>0</u>	Months <u>0</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birthplace <u>Edgemont</u>		Days <u>22</u>	
Occupation <u></u>			Where Residing If not at place of death <u></u>		
Married, Single or Widowed <u></u>			Name of Wife or Husband <u></u>		
Father's Name <u>Albert Fessler</u>			Father's Birthplace <u>Pa.</u>		
Mother's Maiden Name <u>Laura L Tracey</u>			Mother's Birthplace <u>Md.</u>		
Name of person giving Information <u>Father</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	<u>Lobular Pneumonia</u>	How long <u>3 weeks</u>
Immediate	<u>Exhaustion</u>	How long <u>10 hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
<u>yes</u>		<u>J L Massie</u>
		Address <u>Smithburg Md.</u>
Accident or Suicide <u></u>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Wilbur Clemente Forsythe</i>		Town <i>Walnut Point</i>		County <i>Washington</i>		MARYLAND	
Died at		Month <i>4</i>		Day <i>4</i>		Years <i>—</i>	
Date of death <i>1908</i>		Months <i>4</i>		Days <i>19</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>			
Occupation <i>Child</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Charles L Forsythe</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Mattie E West</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Mattie Forsythe</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Whooping cough</i>	How long	<i>8</i> <i>Six weeks</i>
Immediate	<i>Prostration</i>	How long	<i>one week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. O. Richardson</i>	
<i>yes.</i>		Address <i>Washington Ind</i>	
Accident or Suicide?			
<i>No</i>			

A. K. Coffman
Under Taker
Hagerstown
Maryland

Name
in
Full

Sallie Gearhart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Town</i> <i>Forsyth's Farm near</i> <i>County</i> <i>Washington</i>		MARYLAND	
Date of death	1909	Month	Apr.
		Day	8
		Age	34
Sex	Female	Color or Race	White
Occupation	Housekeeper	Birthplace	Indian Spring
		Where Residing if not at place of death	Indian Spring
Married, Single or Widowed	Married	Name of Wife or Husband	Henry Gearhart
Father's Name	David Forsyth	Father's Birthplace	Indian Spring
Mother's Maiden Name	Susan Murry	Mother's Birthplace	Big Pool
Name of person giving Information	John Forsyth	How related to deceased	Brother

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	first saw her on April 6 th 1909 & do not know
Immediate	Same as above	How long	stated above
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. D. I. Leshier
		Address	Williamsport Md
Accident or Suicide			

April 10th 1909

J. F. Krups
Undertaker

Wmaph - M a

interment in Long Meadow Church

Century
H J

Name
in
Full

Wm E Hamburg

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hagerstown Washington County MARYLAND
 Date of death 1909 Month 4 Day 10 Age 27 Years Months 17 Days
 Sex Male Color or Race White Birth-place Md
 Occupation Battler Where Residing if not at place of death —
 Married, Single or Widowed Married Name of Wife or Husband Nancy D. Betts
 Father's Name John E. Hamburg Father's Birthplace Md
 Mother's Maiden Name Elizabeth Bernard Mother's Birthplace Md
 Name of person giving Information John Hamburg How related to deceased Father

CAUSES OF DEATH

79

Primary Myocardial Degeneration (Insufficiency) How long 4 mos
 Immediate Coronary Failure How long 10 days
 Are the name, age, sex, color, date and place correctly given above? Yes
 Signature of Physician Wm E. Hamburg
 Address Hagerstown, Md
 Accident or Suicide No

PHYSICIAN
OR CORONER

Matinee

Name
in
Full

Isaac N. Hanna

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Hagerstown

County

Wash

MARYLAND

Date

of death 1909

Month

4

Day

14

Age

Years

7.2

Months

1

Days

18

Sex

male

Color or
Race

white

Birth-
place

Md.

Occupation

Bank Messenger

Where Residing if not
at place of deathMarried, Single
or Widowed

married

Name of Wife or
Husband

Mary V. Hanna

Father's
Name

Isaac Hanna

Father's
Birthplace

Md.

Mother's
Maiden Name

Sarah Young

Mother's
BirthplaceName of parson giving
Information

Mary V. Hanna

How related
to deceased

wife

CAUSES OF DEATH

10

Primary

Influenza -

How long

1 month

Immediate

acute dysentery

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
PhysicianJ. D. Miller
Hager, Md.

Address

Accident or Suicidal

no

PHYSICIAN
OR CORONER

Gutes & Bours

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Security</i> Town		<i>Washington</i> County		MARYLAND	
Date of death	1909	Month	4	Day	6
Age	38	Years		Months	
Sex	Female	Color or Race	White	Birth-place	Pa.
Occupation	Domestic		Where Residing if not at place of death		
Married, Single	Name of Wife or Husband		<i>John Hockenberry</i>		
Father's Name	<i>Jacob Drury</i>		Father's Birthplace <i>Pa.</i>		
Mother's Maiden Name	<i>Martha Graves</i>		Mother's Birthplace <i>Pa.</i>		
Name of person giving information	<i>John Hockenberry</i>		How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Endocarditis</i>	How long	<i>79</i> <i>1-2 years</i>
Immediate	<i>Failure of compensation Heart</i>	How long	<i>6 months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>John Drury</i>
		Address	<i>Hagerstown Md.</i>
Accident or Suicide?	<i>no</i>		

Coffman

Rose Hill

Name
in
Full

Mary Jane Hull

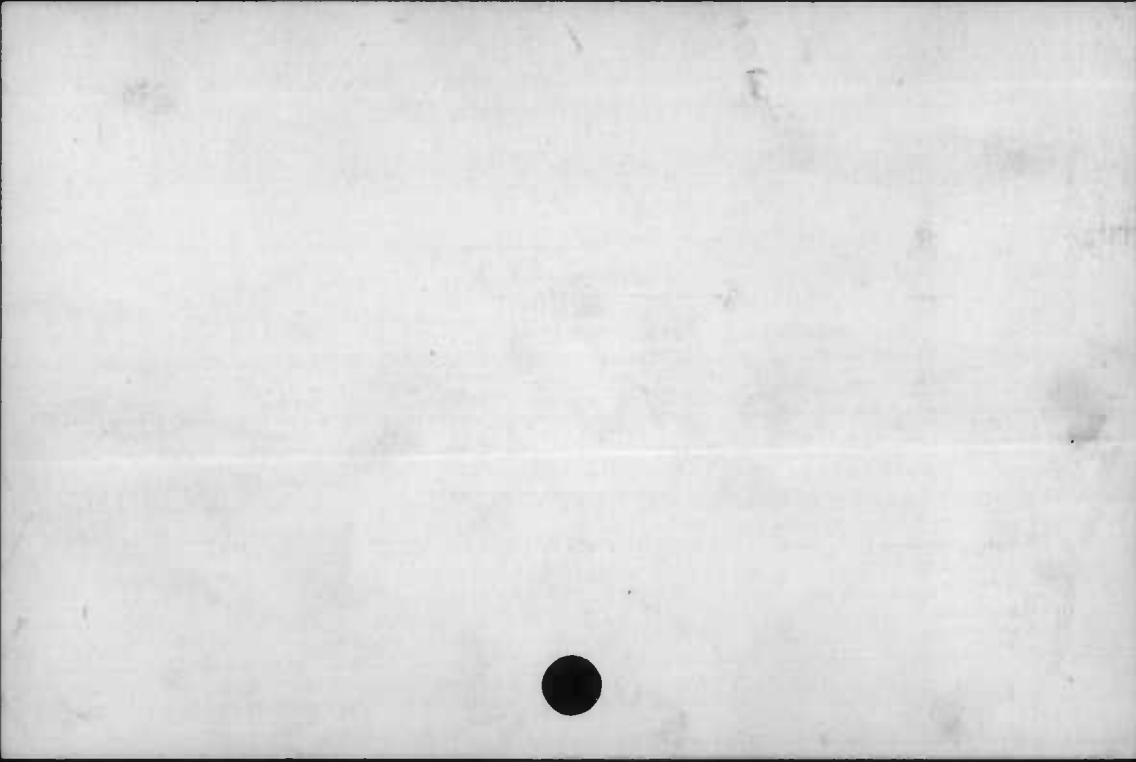
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Nor Millstone</i> County <i>Wash</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>4</i>	Day <i>17</i>	Age <i>0</i>
Sex <i>female</i>	Color or Race <i>white</i>	Birth-place <i>L. Calmar</i>	Months <i>0</i> Days <i>9</i>
Occupation <i></i>		Where Residing if not at place of death <i></i>	
Married, Single or Widowed <i></i>		Name of Wife or Husband <i></i>	
Father's Name <i>Jesse Marshall Hull</i>		Father's Birthplace <i>Millstone</i>	
Mother's Maiden Name <i>Susan Jane Snyder</i>		Mother's Birthplace <i>"</i>	
Name of person giving information <i>Father</i>		How related to deceased <i>Father</i>	

PHYSICIAN
OR CORONER

CAUSES OF DEATH		<i>151</i>
Primary <i>Intoxication</i>	How long <i>9 days</i>	
Immediate <i></i>	How long <i></i>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>P. J. Steyer</i>	
	Address <i></i>	
Accident or Suicide? <i></i>		



Name
in
Full

Still Birth Johnson

CERTIFICATE OF DEATH

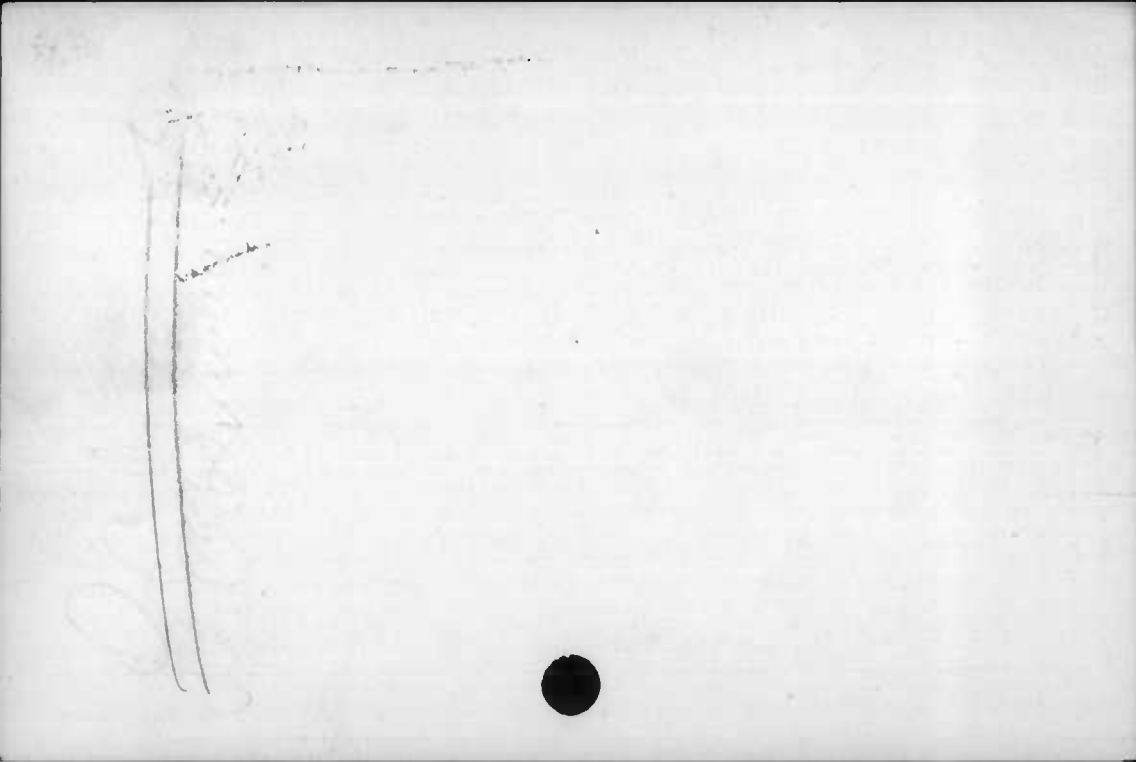
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Eacles ^{Town} Mile		Washington ^{County}		MARYLAND	
Date of death	1909	Month	4	Day	16	Age	Years _____ Months _____ Days _____
Sex	Female		Color or Race	7/8 white		Birth-place	Md
Occupation	_____			Where Residing if not at place of death _____			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Claggett Elmer Johnson			Father's Birthplace Md	
Mother's Maiden Name			Lattie May Keeto			Mother's Birthplace Md	
Name of person giving information			" " "			How related to deceased Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Premature Birth- Hemorrhage	How long	8 hours
Immediate	" "	How long	_____
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. M. Hilmer
		Address	Keedyville Md
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mrs. Margaret Ann Jones
 Died at *Hagerstown* *Wash.* County *MARYLAND*
 Date of death 1909 *4* Month *1* Day Age *72* Years Months *9* Days
 Sex *Female* Color or Race *white* Birthplace *Penna.*
 Occupation *H. W.* Where Residing if not at place of death
 Merriad, Single or Widowed *married* Name of Wife or Husband *Dr. D. W. Jones*
 Father's Name *John W. Alf* Father's Birthplace *Ind.*
 Mother's Maiden Name *Catherine Ward* Mother's Birthplace *Penna.*
 Name of person giving Information *Dr. D. W. Jones* How related to deceased *Husband.*

CAUSES OF DEATH

131

PHYSICIAN
OR CORONER

Primary *Ovarian Cyst.* How long *131*
 Immediate *Rupture .. Peritonitis* How long *2 weeks*
 Are the name, age, sex, color, date and place correctly given above? Signature of Physician *W. P. Miller.*

Address

Accident or Suicide

Suter

Name
in
Full

William Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

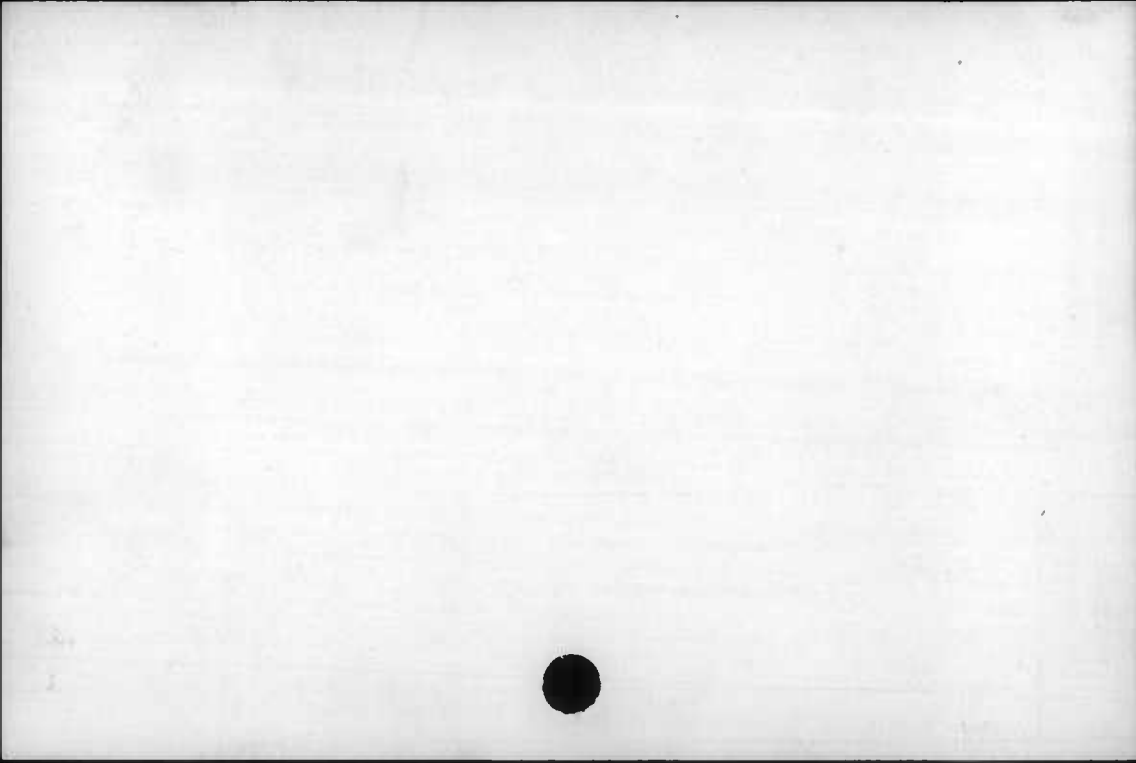
Died at <u>Clear Spring</u> ^{Town}		<u>Wash</u> ^{County}		MARYLAND	
Date of death <u>1909</u> ^{Year} <u>April</u> ^{Month} <u>7</u> ^{Day}		Age <u>36</u> ^{Years}		<u>7</u> ^{Months} <u>unknown</u> ^{Days}	
Sex <u>Male</u>		Color or Race <u>Negro</u>		Birth-place <u>Delaware</u>	
Occupation <u>Laborer</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>Myrtle Brisco</u>			
Father's Name <u>Anthony Jones</u>		Father's Birthplace <u>Delaware</u>			
Mother's Maiden Name <u>Unknown</u>		Mother's Birthplace <u>Unknown</u>			
Name of person giving information <u>Myrtle Brisco</u>		How related to deceased <u>Wife</u>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<u>Pulmonary Tuberculosis (Chronic)</u>	How long <u>3 yrs</u>
Immediate	<u>Hemorrhage from lungs</u>	How long <u></u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Charles J. Mason</u>
		Address <u>Clearspring, Md</u>
Accident or Suicide? <u></u>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary Lee Eeller* County *Washington* MARYLAND
 Died at *Security*
 Date of death 190*9* Month *4* Day *20* Age *3* Months *8* Days *16*
 Sex *Female* Color or Race *White* Birth-place *Md*
 Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____
 Father's Name *Hammer Co. Eeller* Father's Birthplace *Md*
 Mother's Maiden Name *Alice N. Baker* Mother's Birthplace *Md*
 Name of person giving Information *Hammer Co. Eeller* How related to deceased *Father*

CAUSES OF DEATH

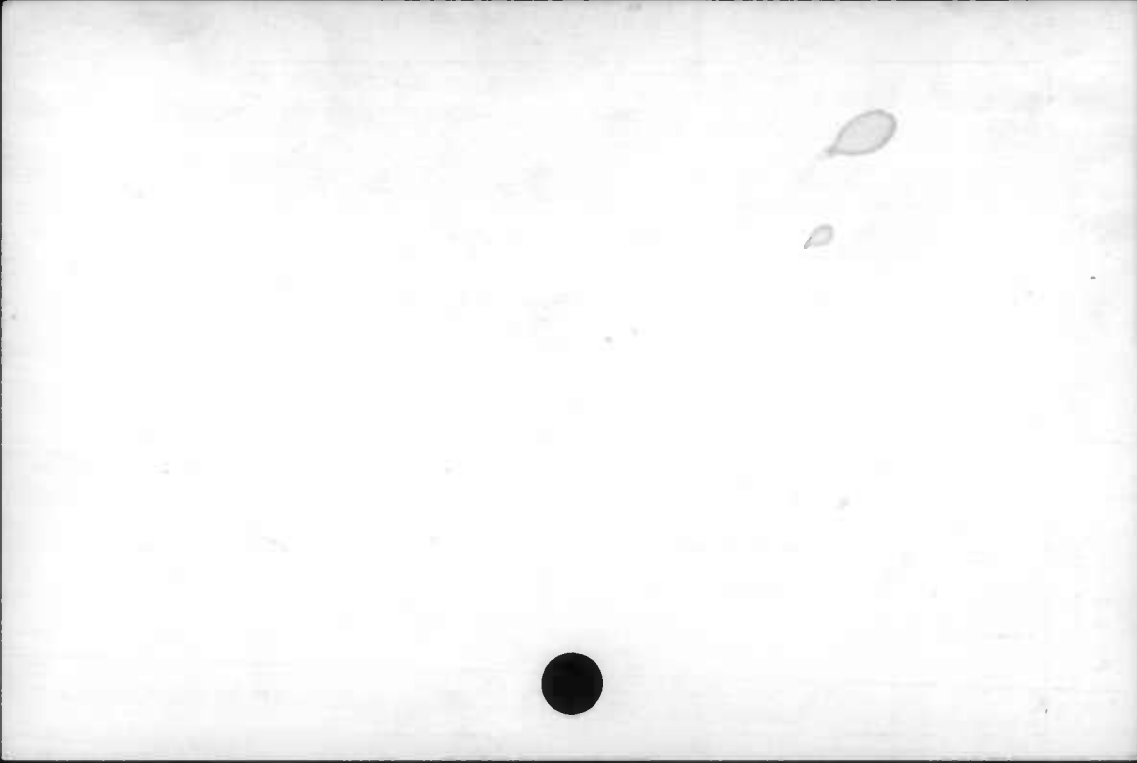
Primary *Measles* How long *5 days*
 Immediate *Pneumonia* How long *10 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Accident or Suicide *no*PHYSICIAN
OR CORONER



Name
in
Full

Mrs Mary Ellen Kershner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>nearagerstown</u> <u>wash.</u>		MARYLAND	
Date of death 1909	Month 4	Day 3	Age 69
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>md.</u>	Months 8
Occupation <u>H. W.</u>	Where Residing if not at place of death		
Married, Single or Widowed <u>widow</u>	Name of Wife or Husband <u>Van Lear Kershner</u>		
Father's Name <u>Elias Ringer</u>	Father's Birthplace <u>md.</u>		
Mother's Maiden Name <u>Mary Metz</u>	Mother's Birthplace <u>"</u>		
Name of parson giving Information <u>Frank Kershner</u>	How related to deceased <u>son</u>		

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary <u>Malignant disease of the thyroid gland</u>	How long <u>Several years</u>
Immediate <u>the thyroid gland</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<u>Yes</u>	Address <u>Chas B. Haysman</u>
<u>Accident or Suicide</u>	

Broadfounig
C. M. Sutcliffe

Name

in
Full

Peter Leasy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

W

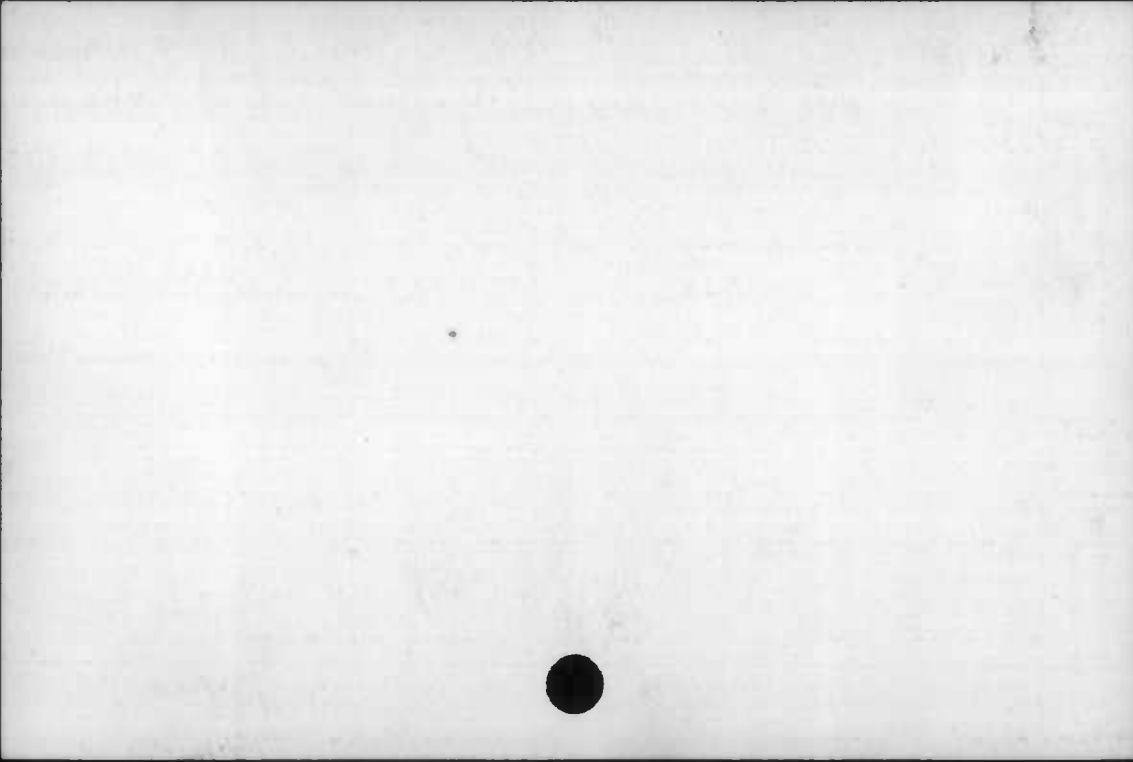
Died at <i>Wash co Home</i>		Town <i>Washington</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Date of death <i>190</i>	Month <i>April</i>	Day <i>21</i>	Age <i>77</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>				
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Wash co Home.</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Susan Lettinger</i>						
Father's Name <i>Don't Know</i>	Father's Birthplace <i>Germany</i>						
Mother's Maiden Name <i>Don't Know</i>	Mother's Birthplace <i>Germany</i>						
Name of person giving information <i>Miss Leasy</i>	How related to deceased <i>Daughter</i>						

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Senility</i>	How long <i>3 yrs</i>
Immediate <i>Exhaustion</i>	How long <i>Over 100</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. M. Wark</i>
	Address <i>Hagerstown</i>
Accident or Suicide?	



Name
in
Full

Edward F. Linder

CERTIFICATE OF DEATH

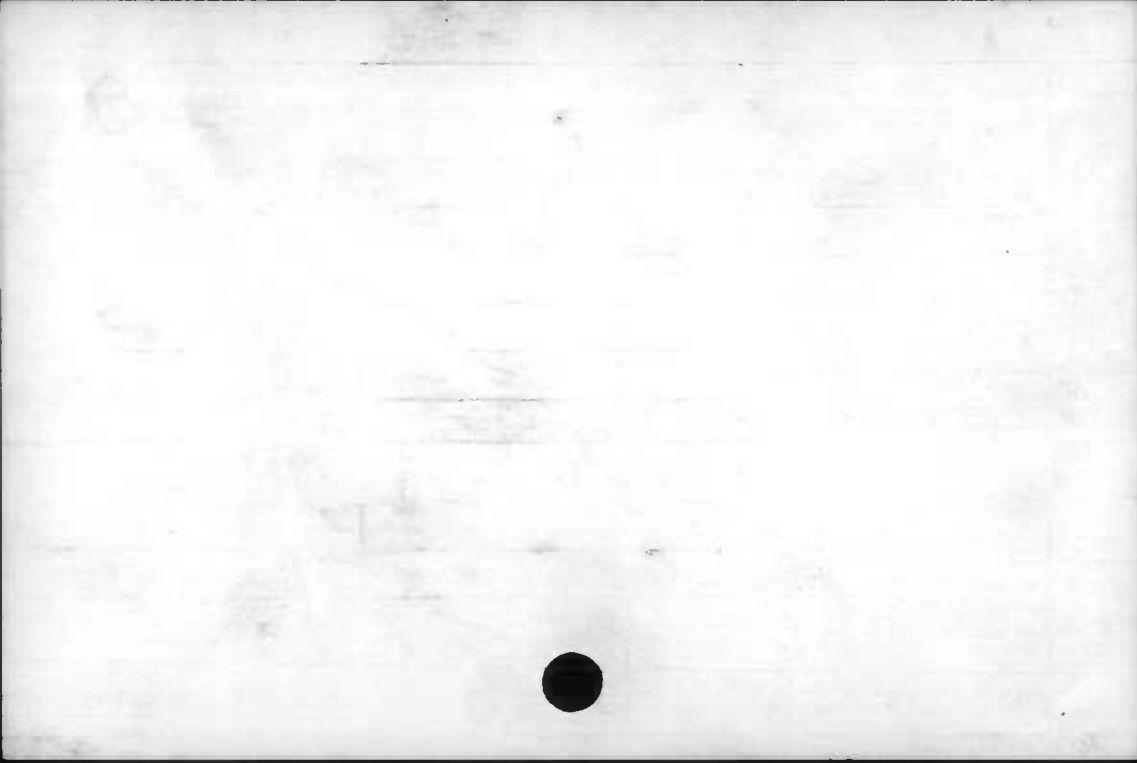
TO BE ANSWERED BY
NEAREST FRIEND

Disd at ^{Town} Hagerstown ^{County} Wash
Date of death 1909 ^{Month} 4 ^{Day} 3 Age ^{Years} 57 ^{Months} 9 ^{Days} —
Sex male Color or Race white Birth-place Germany.
Occupation Collector Where Residing if not at place of death —
Married, Single or Widowed married Name of Wife or Husband Mary A. Linder.
Father's Name William Linder Father's Birthplace Germany
Mother's Melden Name Not Known Mother's Birthplace Not Known
Name of person giving Information Victor Linder How related to deceased son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Gunshot wound of head How long sudden
Immediate Central shock & hemorrhage How long sudden
Are the name, age, sex, color, date and place correctly given above? Yes
Signature of Physician J. M. Hagan, M.D.
Address Hagerstown, Md.
Accident or Suicide Suicide



Name
in
Full

CERTIFICATE OF DEATH

Samuel M. Breery

X

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Hagerstown* *Washington* **MARYLAND**

Date of death 1909 *4* *15* Age *81* Months *4* Days *16*

Sex *Male* Color or Race *White* Birth-place *Md*

Occupation *Retired* Where Residing if not at place of death _____

Married, Single or Widowed *Married* Name of Wife or Husband *Berenice A. Garlock*

Father's Name *Robert M. Breery* Father's Birthplace *Ireland*

Mother's Maiden Name *Ann Black* Mother's Birthplace *Ireland*

Name of person giving Information *Berenice M. Breery* How related to deceased *Wife*

CAUSES OF DEATH

81

Primary *Arterio Sclerosis* How long *2 yrs ?*

Immediate *Cardiac Effluvation* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *A. P. Humphrey*
Address *Hagerstown, Md*

Accident or Suicide

PHYSICIAN
OR CORONER

Watkins

Name
in
Full

Edith Ellen Metz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Keadysville Wash County State
MARYLAND
 Date of death 1909 4 Month 13 Day Age 2 Years 6 Months 8 Days
 Sex Female Color or Race White Birth-place Togo
 Occupation None Where Residing if not at place of death —

Married, Single
or ~~Widowed~~Name of Wife or
HusbandFather's
NameVictor M MetzFather's
BirthplaceTogoMother's
Maiden NameAda V MillerMother's
BirthplaceMill PointName of person giving
InformationVictor M MetzHow related
to deceasedBrother

CAUSES OF DEATH

6PHYSICIAN
OR CORONER

Primary

Measles

How long

one week

Immediate

Pneumonia Endocarditis

How long

3 daysAre the name, age, sex, color, date
and place correctly given above?YesSignature of
PhysicianW. U. Nibiser

Address

Keadysville Md

Accident or Suicide?

L E Duman & Son

Name
in
Full

Emma C Mills

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

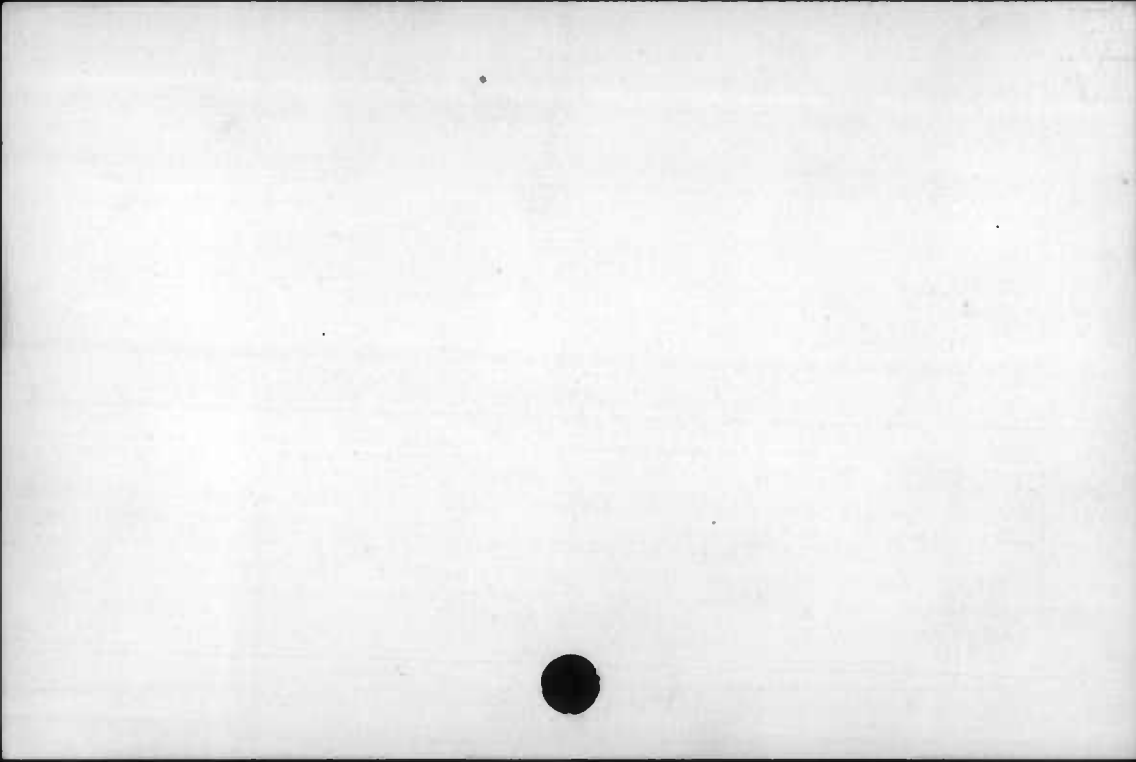
Died at <u>Clearspring district</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death	<u>1909</u>	Month <u>April</u>	Day <u>5</u>	Age <u>32</u> ^{Years}	Months <u>unknown</u> Days <u>unknown</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>md</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>md</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Harvey M Mills</u>				
Father's Name <u>George Cunningham</u>	Father's Birthplace <u>md</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>md</u>				
Name of person giving information <u>Saml. Irwin Wm Timmer</u>	How related to deceased <u>None</u>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<u>Pulmonary Tuberculosis</u>	How long <u>3 yrs</u>
Immediate	<u>Asthenia</u>	How long <u>Unknown</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>E J Mason</u>
		Address <u>Clearspring md</u>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Albert T. Dinkels* Town *Farmplay* County *Washington* MARYLAND

Diad at *Farmplay* Date of death 190 *9* Month *4* Day *28* Age *2* Years Months *1* Days *1*

Sex *Male* Color or Race *White* Birth place *Farmplay Md.*

Occupation *—* Where Rasiding if not at place of daath *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Harry Dinkels* Father's Birthplace *Maryland*

Mothar's Maiden Nama *Bessie Miller* Mothar's Birthplace *—*

Name of person giving Information *Harry Dinkels* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pneumonia with Measles* How long *about 8 or 9 days*

Immediate *Pneumonia* How long *—*

Are the nama, aga, sex, color, date and placa correctly given above? *Yes* Signature of Physician *S. Howell Hardman*

Address *Sharpsburg Md*

~~Accident or Suicide~~

Dr. H. S. Gardner
Sharpsburg
md.



(By return mail).

Dr. Please sign certificate and
Send to M. C. Reichard, Fairplay md

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Unnamed Child *Still Born* *Munson*

Died at *Hagerstown* *Washington* County *MARYLAND*

Date of death *1909* Month *4* Day *12* Age *—* Years *—* Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *md*

Occupation *Child* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Ernest N. Munson* Father's Birthplace *md*

Mother's Maiden Name *Lora N. Samme* Mother's Birthplace *md*

Name of person giving information *Ernest Munson* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Difficult Labor. Version!* How long *—*

Immediate *asphyxia.* How long *✓*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *T. D. Miller, Jr.*

Address *Hager. Md.*

Accident or Suicide? *accident!*

A. C. L. L. L.
Rose Hill

8 miles

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Died at <u>Hagerstown</u>		County <u>Washington</u>		MARYLAND	
Date of death	190 <u>9</u>	Month <u>4</u>	Day <u>12</u>	Age <u>13</u>	Years <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>MD</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		

Married, Single
or WidowedName of Wife or
Huband

Father's
Name

Father's Birthplace

Mother's ~~Maiden Name~~

Mother's Birthplace

Name of person giving
information

How related
to disease

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address _____

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Felma Elizabeth R. Myers* X
 Town *Hagerstown* County *Washington*
 Died at *Hagerstown*
 Date of death 1909 *4* Month *12* Day *10* Years *22* Months *2* Days
 Sex *Female* Color or Race *White* Birth-place *Md*
 Occupation _____ Where Residing if not at place of death _____
 Married, Single or Widowed _____ Name of Wife or Husband _____
 Father's Name *John D. Myers* Father's Birthplace *Mr*
 Mother's Maiden Name *Alice R. Hick* Mother's Birthplace *W. Va*
 Name of person giving Information *John D. Myers* How related to deceased *Father*

CAUSES OF DEATH

92

Primary *Bronchitis* How long *7 days*
 Immediate *Pneumonia* How long *2 "*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. H. Campbell
Hagerstown, Md.

Accident or Suicide

Watkins

Name
in
Full

Minnie C Nelson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Williamsport</i> Town		<i>Washington</i> County		MARYLAND	
Date of death	1909	Month	April	Day	23
Age	45	Years	1	Months	Days
Sex	Female	Color or Race	Colored	Birth-place	Williamsport.
Occupation	Housekeeper		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	D. W. Nelson		
Father's Name	W. C. Cooper			Father's Birthplace	Wmport Ma
Mother's Maiden Name	Mary C Taylor			Mother's Birthplace	" "
Name of person giving information	J. M. O. Cooper			How related to deceased	Brother

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Bright's Disease	How long	Two years
Immediate	Paralysis	How long	one year.
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		Ed. Richardson	
Address		Williamsport Md.	
Accident or Suicide?		No.	

J. F. Krefes.

Undertaker.

Interment. Riverview Cemetery

April 26th 1909.

Name
in Full

CERTIFICATE OF DEATH

Mrs. Temperance Nesbitt
Town CountyDied at Clear Spring Washington MARYLAND
Date of death 1909 Month 4 Day 12 Age 67 Years Months 1 Days 21

Sex Female Color or Race white Birth-place Penn.

Occupation Housewife. Where Residing if not at place of death Clear Spring

Married, Single or Widowed Name of Wife or Husband Otho Nesbitt

Father's Name John Robinson Father's Birthplace Penn.

Mother's Maiden Name Hanna Blair Mother's Birthplace Penn.

Name of person giving Information Mrs. Chas. McDonald How related to deceased Daughter.

CAUSES OF DEATH

46

Primary Abdominal tumor How long Five years

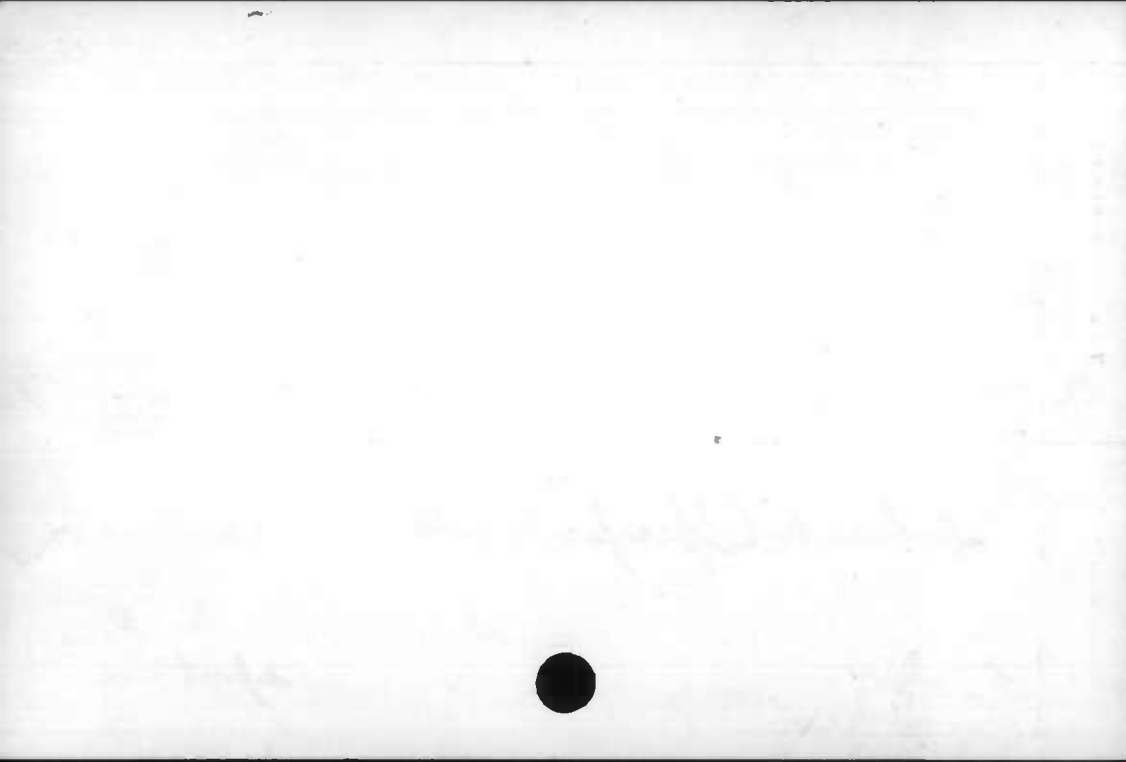
Immediate Exhaustion How long Two weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Abraham Shank

Address Clear Spring Washington County

~~Attended by~~ SuicidalTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Edie Obits

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Williamsport</i> Town		<i>Washington</i> County		MARYLAND	
Date of death	1909	Month	4	Day	3
Age	1	Years		Months	4
				Days	29
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Williamsport</i>
Occupation	<i>Child</i>	Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	<i>Child.</i>		
Father's Name	<i>John Obits</i>			Father's Birthplace	<i>Williamsport Md</i>
Mother's Maiden Name	<i>Prudie Young</i>			Mother's Birthplace	<i>Maryland</i>
Name of person giving Information	<i>John Obits</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

36

PHYSICIAN
OR CORONER

Primary	<i>Inherited Specific Trouble</i>	How long	<i>about a year</i>
Immediate	<i>Gangrenous Rhomatitis Meningitis</i>	How long	<i>6 days</i>
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician <i>Dr. E. H. Skinner</i>	
<i>Yes</i>		Address <i>Williamsport Md.</i>	
Accident or Suicide <i>no</i>			

J. F. Kreps. Undertaker
Interment in Riverview Cemetery
Williamport
Maryland

Name
in
Full

William E. Phillips

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Hagerstown

Wash.

MARYLAND

Date

of death

1909

Month

4

Day

14

Age

Years

50

Months

1

Days

18

Sex

male

Color or
Race

white

Birth-
place

Va.

Occupation

R.R. Brakeman

Where Residing if not
at place of death

Married, Single
or Widowed

married

Name of Wife or
Husband

Emma S. Phillips

Father's
Name

John Phillips

Father's
Birthplace

Va.

Mother's
Maiden Name

Mary Gaines

Mother's
Birthplace

"

Name of person giving
Information

Emma S. Phillips

How related
to deceased

wife

CAUSES OF DEATH

Primary

Gun shot wound head.

How long

Immediate

Is. Wound Brain.

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

W.B. Morrison
Hagerstown
Md

Accident or Suicide

Suicide

Rileyville, Va.
Guter & Son

Name
in
Full

Clarence Pierce

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hagerstown Wash. County
 Date of death 1909 4 Month 26 Day 20 Years 11 Months 28 Days
 Sex male Color or Race white Birth-place Hagerstown
 Occupation Repairs on R. R. track Where Residing if not at place of death —
 Married, Single or Widowed Single Name of Wife or Husband —
 Father's Name Thomas Pierce Father's Birthplace Va.
 Mother's Maiden Name Pink Kidwell Mother's Birthplace W. Va.
 Name of person giving information Thomas Pierce How related to deceased father.

CAUSES OF DEATH

27

Primary Acute general tuberculosis
 Immediate Exhaustion

How long 3 yrsHow long 6 mos

Are the name, age, sex, color, date and place correctly given above?

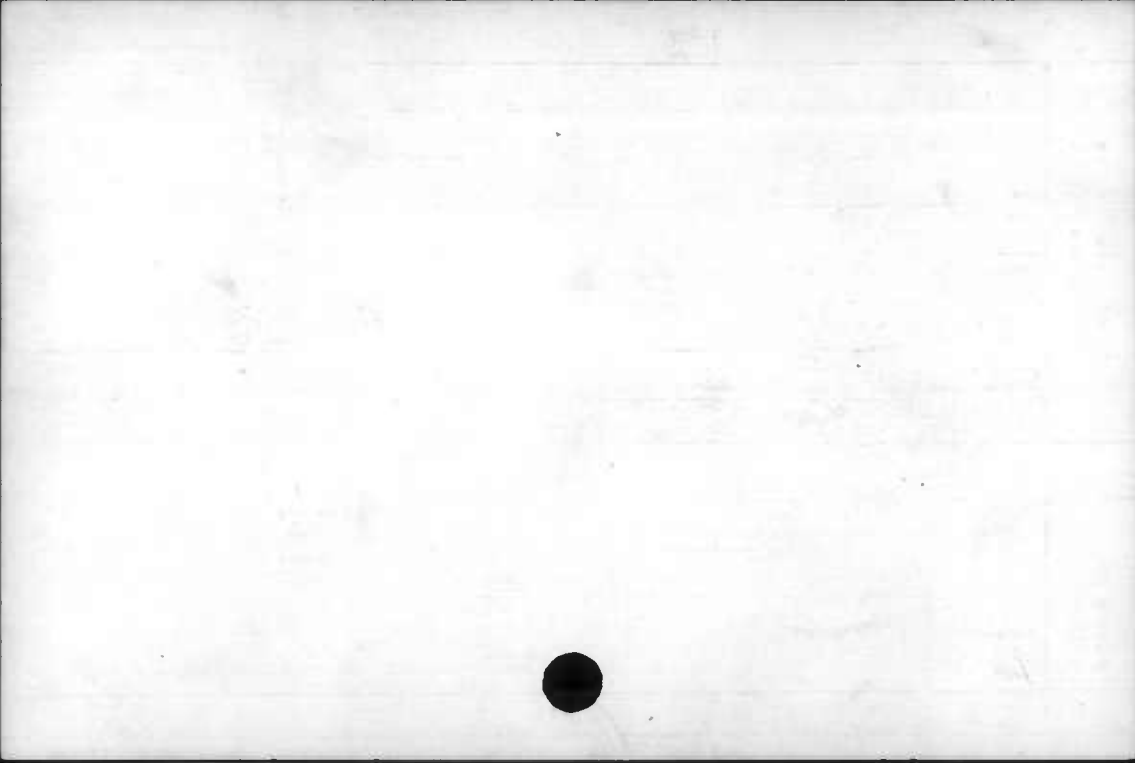
yes

Signature of Physician

Address

D. M. Wentz
Hagerstown

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Lavinia Porter* Town *Hagerstown* County *Washington* MARYLAND

Died at *Hagerstown*

Date of death 1909 Month *4* Day *13* Age *6.5* Months _____ Days _____

Sex *Female* Color or Race *White* Birth-place *Md.*

Occupation *Housework* Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *David Boward* Father's Birthplace *Md.*

Mother's Maiden Name *Melinda Fox* Mother's Birthplace *"*

Name of person giving information *Charles Boward* How related to deceased *Brother*

CAUSES OF DEATH

93

PHYSICIAN
OR CORONERPrimary *Lobar Pneumonia*How long *April 6/13 1909*

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *H. H. Meisley*Address *Hagerstown Md.*

Accident or Suicide?

Coffman
Rose Hill.

Name
in
Full

Arthur Seeting Potter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Rohreraville</u> ^{Town}		<u>Warrick</u> ^{County}		MARYLAND	
Date of death	1909	Month	April	Day	5
Age		2		Years	5
Sex	Male	Color or Race	White	Birth-place	York Pa
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Single			
Father's Name		Clyde W. Potter		Father's Birthplace	
Mother's Maiden Name		Ferdie S. Reel		Mother's Birthplace	
Name of person giving information		Clyde W. Potter		How related to deceased	
				Father	

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<u>Acute Indigestion</u>	How long	<u>24 hours</u>
Immediate	<u>Spasm</u>	How long	<u>2 hrs.</u>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		C. D. Potter, M.D.	
Address		Rohreraville	
Accident or Suicide?		Maryland	

Burning & Basting
Undertaken

Name
in
Full

Peter Rauth

CERTIFICATE OF DEATH

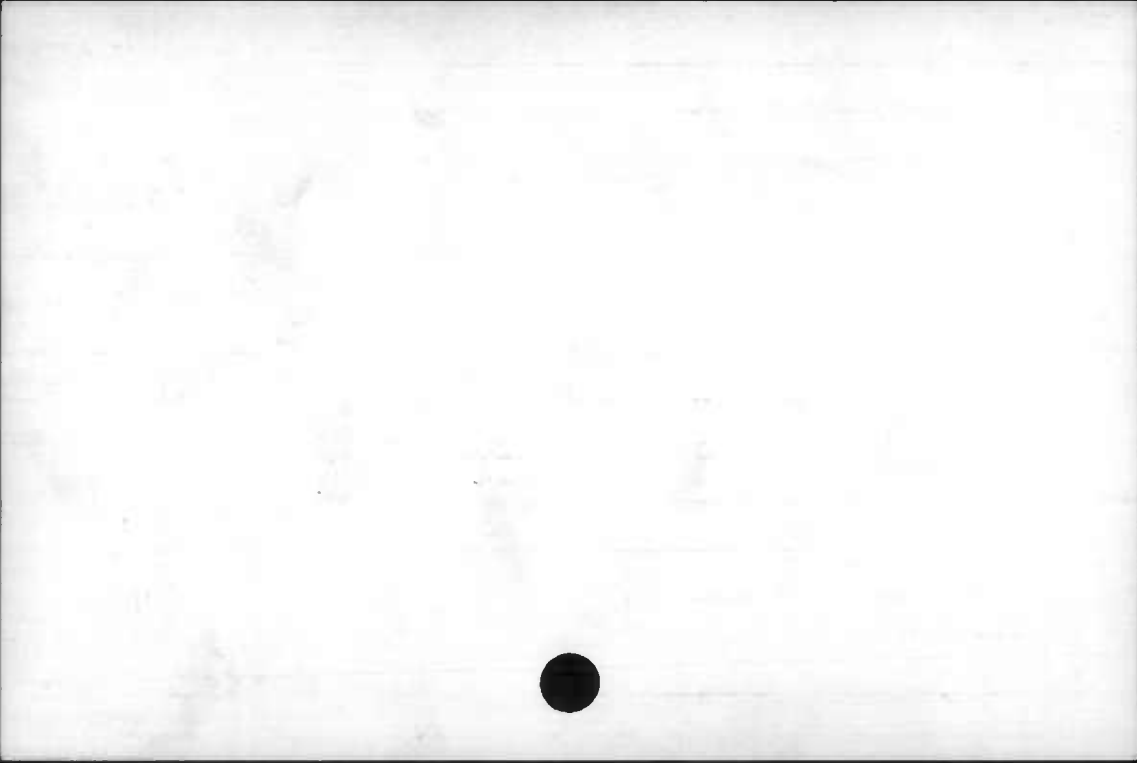
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Wash</i>		MARYLAND	
Date of death	1909	Month	4	Day	26
Age		79		Months	—
Sex	<i>male</i>	Color or Race	<i>white</i>	Birth-place	<i>Germany</i>
Occupation	<i>Shoemaker</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>married</i>	Name of Wife or Husband	<i>Sarah Rauth</i>		
Father's Name	<i>George Rauth</i>		Father's Birthplace	<i>Germany</i>	
Mother's Maiden Name	<i>Catherine Kraber</i>		Mother's Birthplace	<i>11</i>	
Name of person giving Information	<i>John Rauth</i>		How related to deceased	<i>Son</i>	

CAUSES OF DEATH

Primary	<i>Demility/- Paralysis</i>	How long	<i>66</i>
Immediate	<i>Gxhaustion</i>	How long	<i>One week</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. M. Webb</i>
		Address	<i>Hagerstown</i>
Accident or Suicide			

PHYSICIAN
OR CORONER



Name in Full		Town		County		CERTIFICATE OF DEATH	
May E. Reeder		Boonsboro		Washington		MARYLAND	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Boonsboro		Washington		MARYLAND	
	Date of death	1909	April	2	Age	3	Months 1 Days 23
	Sex	Female		Color or Race	White		Birth-place
	Occupation	None		Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
PHYSICIAN OR CORONER	Father's Name	John Reeder				Father's Birthplace	Maryland
	Mother's Maiden Name	Aunie M. Metz				Mother's Birthplace	Maryland
	Name of person giving information	John Reeder				How related to deceased	Father
	CAUSES OF DEATH						91
PHYSICIAN OR CORONER	Primary	Catarrhal Bronchitis				How long	One week
	Immediate	Syncope, Heart Failure				How long	Sudden
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		J. Hulbert, M.D.
	Address		Boonsboro, Md.				
Accident or Suicide?		No.					

Brining & Bast
Medicine

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Elizabeth Rice

Died at <u>Hagerstown</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death	1909	Month	4	Day	25
Age	58	Years	5	Months	9
Sex	Female	Color or Race	White	Birth-place	Va
Occupation	House work	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband <u>Alexandria Rice</u>			
Father's Name	William Barton	Father's Birthplace <u>Va</u>			
Mother's Maiden Name	Nancy Hill	Mother's Birthplace <u>Va</u>			
Name of person giving information	Alexandria Rice	How related to deceased <u>Husband</u>			

CAUSES OF DEATH

42

PHYSICIAN
OR CORONER

Primary	<u>Carcinoma of uterus</u>	How long	<u>2 years</u>
Immediate	<u>Heart Failure</u>	How long	<u>one week</u>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<u>S. W. Munstet M.D.</u>	
Address		<u>Hagerstown</u>	
Accident or Suicide?		<u>no</u>	

Dr. J. M. Stetson

Jefferson
Hill



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name George M. Rohrer

Town Belghmanten County Washington MARYLAND

Died at Belghmanten

Date of death 1909 Month April Day 27 Age 2 Years 2 Months 1 Days 25

Sex male Color or Race white Birth-place md

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name Geo. M. Rohrer Father's Birthplace md.

Mother's Maiden Name Vada Myers Mother's Birthplace md

Name of person giving information Geo. M. Rohrer How related to deceased father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary measles How long 10 days

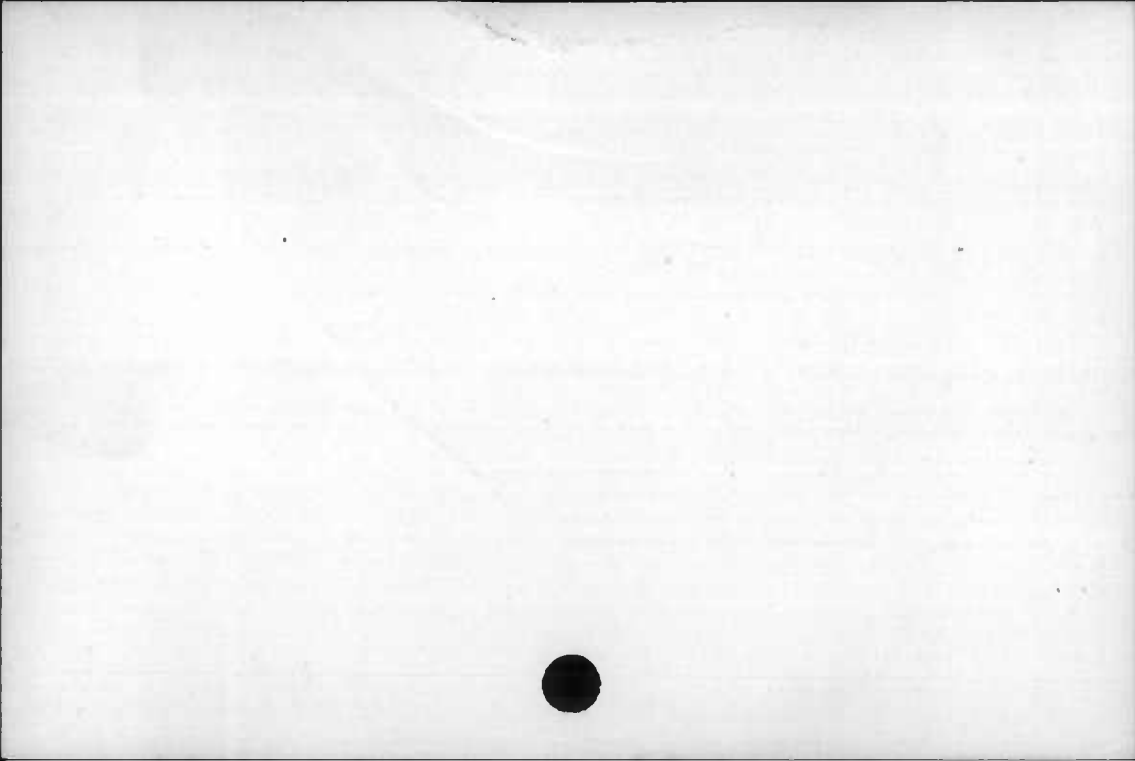
Immediate Gastro Enteritis How long 1 week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician V. M. Reichard

Address Fairplay.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

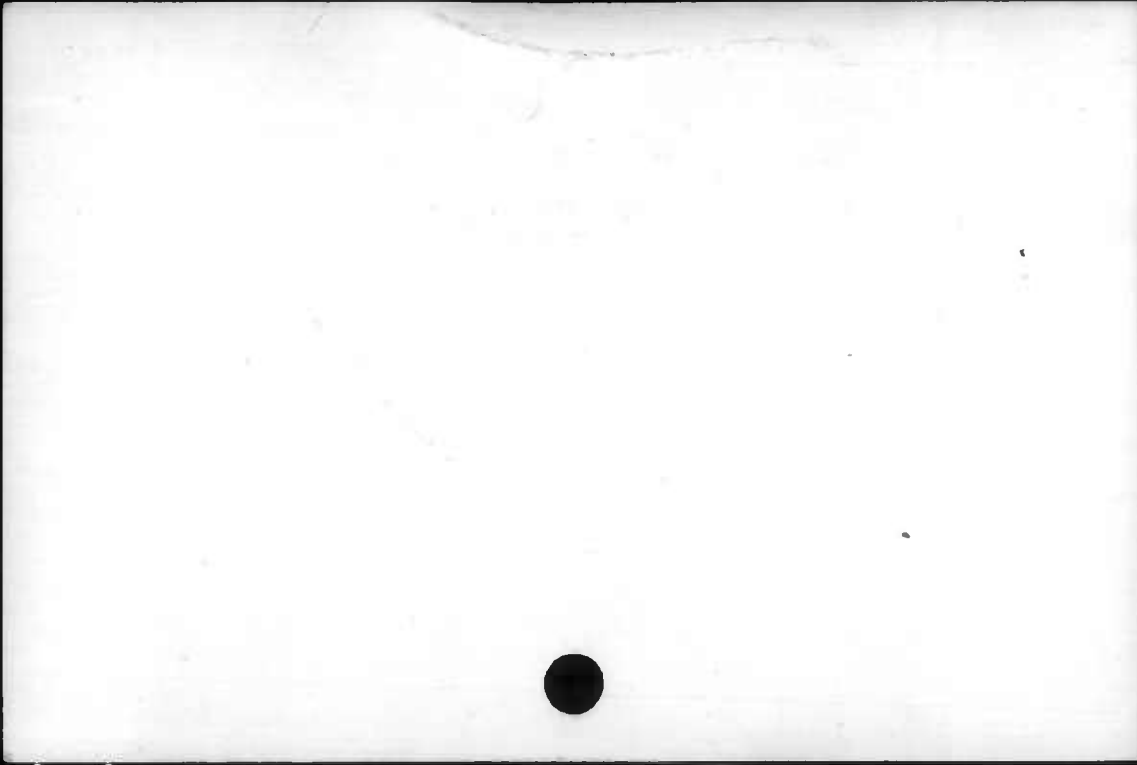
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		4	26	Age 79	2	14	
Sex		Color or Race		Birth-place			
Female		White		Maryland			
Occupation		Where Residing if not at place of death					
Housewife							
Married, Single or Widowed		Name of Wife or Husband					
Union		Joseph Roker					
Father's Name		Father's Birthplace					
Jacob Palmer		Unknown					
Mother's Maiden Name		Mother's Birthplace					
Susan Knott		Unknown					
Name of person giving Information		How related to deceased					
Mrs. John Clarke		Daughter					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary		How long	
cardiac Dilatation		2 yrs	
Immediate		How long	
capillary Bronchitis		2 weeks	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		V.M. Reichard	
		Address	
		Fairplay.	
Accident or Suicide			



Name in Full		Town				County		CÉRTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Hagerstown		Washington		MARYLAND				
	Date of death		1909	Month 4	Day 16	Age 68	Months		Days		
	Sex		Male		Color or Race		Colored		Birth-place		
	Occupation		Laborer		Where Residing if not at place of death						
	Married, Single or Widowed		Married		Name of Wife or Husband		Rachel Mummy Smith				
	Father's Name		No record		Father's Birthplace		Barbours		Know		
	Mother's Maiden Name		Record of		Mother's Birthplace						
	Name of person giving information		Percy N. Little		How related to deceased		Nephew				
CAUSES OF DEATH											
PHYSICIAN OR CORONER	Primary		Paralysis				How long		48 hours		
	Immediate		Heart Failure				How long		6 hours		
	Are the name, age, sex, color, date and place correctly given above?		yes				Signature of Physician		A. B. Wilson		
	Accident or Suicide?		no				Address		139 1/2 N. Jonathan St Hagerstown Md.		
	LIBRARY BUREAU 486016										

Name
in
Full

Bland H. Spielman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hagerstown Washington MARYLAND
 Date of death 1909 4 26 Age 24
 Sex Male Color or Race White Birth-place Md
 Occupation Finisher Where Residing if not at place of death _____
 Married, Single or Widowed Married Name of Wife or Husband Bessie Garlock
 Father's Name Therley Spielman Father's Birthplace Md
 Mother's Maiden Name Mary C. Watterin Mother's Birthplace Md
 Name of person giving Information Therley Spielman How related to deceased Father

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Tuberculosis How long 1 yr.
 Immediate Heart Failure How long 5 hours
 Are the name, age, sex, color, date and place correctly given above? Yes. Signature of Physician W. C. Schellen
 Address Hagerstown
 Accident or Suicide No.

Watkins

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>David Stouffer</i>		Town <i>Old Forge</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Old Forge</i>		Month <i>4</i>		Day <i>3</i>		Years <i>68</i>	
Date of death <i>1909</i>		Age <i>68</i>		Months —		Days —	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>			
Occupation <i>Retired Farmer</i>		Where Residing if not at place of death —					
Married, Single or Widowed		Name of Wife or Husband <i>Elizabeth Summers</i>					
Father's Name <i>Christian Stouffer</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Rosanna Thomas</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>Henry Stouffer</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long —
Immediate <i>Emphysema</i>	How long —
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. L. Williams</i>
	Address <i>184 1/2 S. Town St.</i>
Accident or Suicide? —	

Coffman
Rose Hill.

Name
in
Full

Lloyd Beachley Summers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

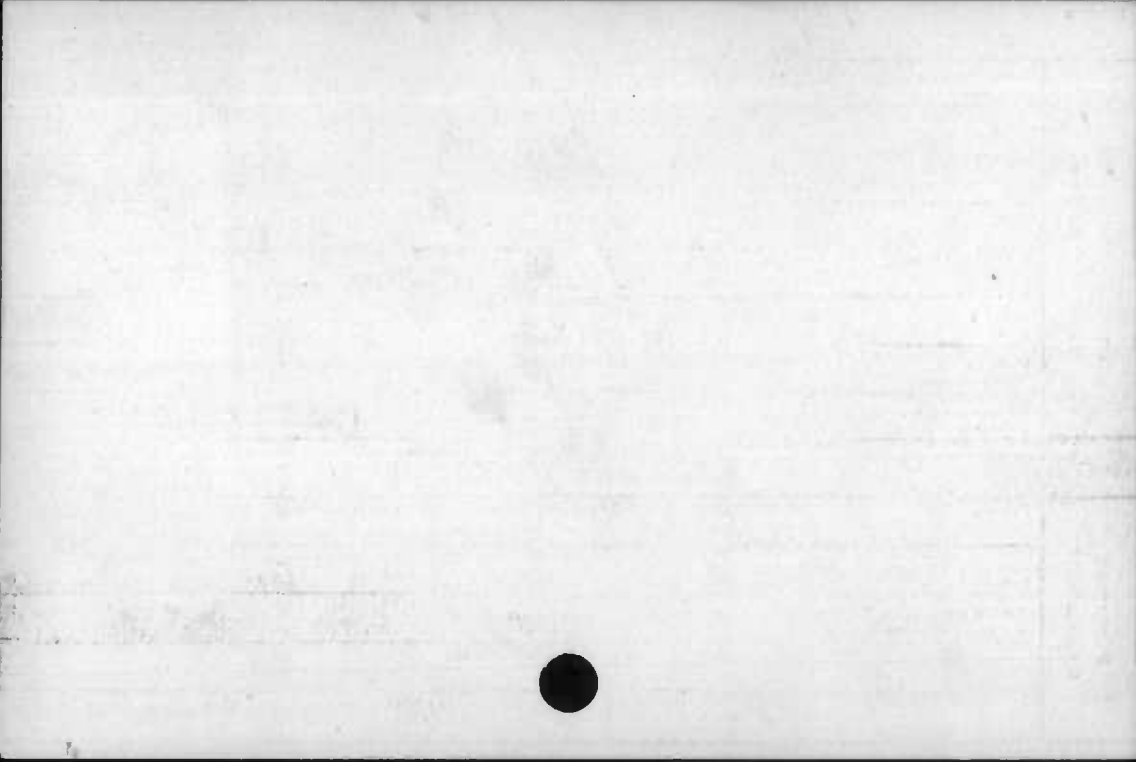
Died at		Town Downsville		County Washington		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Apr.	29				9
Sex		Color or Race		Birthplace			
Male		White		Downsville			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name				Father's Birthplace			
David Elmer Summers				Harmony Md Co			
Mother's Maiden Name				Mother's Birthplace			
Eloa May Beachley				Downsville			
Name of person giving information				How related to deceased			
D. E. Summers				Father			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	Melancholia	How long	Four days
Immediate	Prostration	How long	Two days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		W. H. Richardson	
		Address	
		Washington, D. C.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hagerstown</u> Town <u>Washington</u> County		MARYLAND	
Date of death 190 <u>6</u>	Month <u>4</u>	Day <u>11</u>	Years <u>7</u> Months <u>—</u> Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Hagerstown</u>	
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>		
Father's Name <u>George H. Taylor</u>	Father's Birthplace <u>Frederick Co.</u>		
Mother's Maiden Name <u>Ada Taylor</u>	Mother's Birthplace <u>—</u>		
Name of person giving information <u>Tom Taylor</u>	How related to deceased <u>Brother</u>		

CAUSES OF DEATH

6

PHYSICIAN
OR CORONER

Primary <u>Measles & Pneumonia</u>	How long <u>2 weeks</u>
Immediate <u>Totemic of the above</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>D. E. Hoff</u>
	Address <u>Hagerstown</u>
	<u>Md</u>
Accident or Suicide?	

Coffman

Beaver Creek.

Name
in
Full

Premature Birth (Taylor)

Mins
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Keedysville</i> Town		<i>Washington</i> County		MARYLAND	
Date of death	1909	Month	4	Day	28
Age	<i>Premature</i>		Years	6 1/2	Months
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Birth-place	<i>Ind</i>				
Occupation	_____		Where Residing if not at place of death _____		
Married, Single or Widowed	_____		Name of Wife or Husband _____		
Father's Name	<i>James Henry Taylor</i>			Father's Birthplace	<i>Ind</i>
Mother's Maiden Name	<i>Edith Jones</i>			Mother's Birthplace	<i>Ind</i>
Name of person giving information	<i>Father</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH


PHYSICIAN
OR CORONER

Primary	<i>Premature Birth</i>	How long	<i>6 1/2 Mns</i>
Immediate	<i>"</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>H. M. St. Chiser</i>
		Address	<i>Keedysville Ind</i>
Accident or Suicide?			



Name
in
Full

Premature Birth, (2) Taylor

Twin
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Keedyville</u> ^{Town}		<u>Wendell</u> ^{County}		MARYLAND	
Date of death <u>1909</u>	<u>4</u> ^{Month}	<u>28</u> ^{Day}	Age <u>Premature</u> ^{Years}	<u>6 1/2</u> ^{Months}	<u>no</u> ^{Days}
Sex <u>female</u> ^{negro}	Color or Race <u>white</u>		Birth-place <u>Wend</u>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <u>James Henry Taylor</u>			Father's Birthplace <u>Wend</u>		
Mother's Maiden Name <u>Edith Jones</u>			Mother's Birthplace <u>Wend</u>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Premature Birth</u>	How long	<u>6 1/2 mo.</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>H. M. Hixson</u>	
<u>yes</u>		Address <u>Keedyville Wend</u>	
Accident or Suicide?			

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full John A Thomas			Town Trappe		County Washington		State MARYLAND				
Died at Trappe		Month 4		Day 9		Age 60		Months 1		Days 26	
Date of death 1902		Sex Male		Color or Race White		Birth-place Robertsville					
Occupation Retired				Where Residing if not at place of death —							
Married, Single or Widowed Single				Name of Wife or Husband Hannah Thomas							
Father's Name George Thomas				Father's Birthplace Robertsville							
Mother's Maiden Name Christina Korn				Mother's Birthplace Robertsville							
Name of person giving information Cora Thomas				How related to deceased Daughter							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Tuberculosis Throat Lungs		How long 4 yrs	
Immediate Exhaustion		How long 2 weeks	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician E. D. Baker	
		Address Robertsville	
Accident or Suicide?		Maryland	

L E Dorman & Son

Name
in
Full

Walter Allen Toy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Boonsboro</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	<i>April</i> ^{Month}	<i>3</i> ^{Day}	<i>2</i> ^{Years}	<i>1</i> ^{Months} <i>23</i> ^{Days}
Sex	<i>Male</i>		Color or Race	<i>Black</i>	
Occupation	<i>None</i>		Birth-place	<i>Maryland</i>	
Where Residing if not at place of death			<i>_____</i>		
Married, Single or Widowed		Name of Wife or Husband			
<i>Single</i>		<i>_____</i>			
Father's Name	<i>Hayes Toy</i>			Father's Birthplace	<i>Frederick Co</i>
Mother's Maiden Name	<i>Elizabeth Evans</i>			Mother's Birthplace	<i>Washington Co</i>
Name of person giving information	<i>Hayes Toy</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Lobar Pneumonia</i>		How long	<i>5 days</i>
Immediate	<i>Lobar Pneumonia</i>		How long	<i>5 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		<i>E. J. Smith</i>		
		Address		
		<i>Boonsboro</i>		
		<i>Ind.</i>		
Accident or Suicide?				

Brunnig & Best
undertakers

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death

1909

Month

4

Day

6

Age

Years

80

Months

6

Days

216

Sex

Female

Color or
Race

white

Birth-
place

Md.

Occupation

N. W.

Where Residing if not
at place of deathMarried, Single
or Widowed

widow

Name of Wife or
Husband

John A Troup

Father's
Name

Andrew Wagner

Father's
Birthplace

Md.

Mother's
Maiden Name

Not Known

Mother's
Birthplace

Not Known

Name of person giving
Information

Mrs. Geo Kendall

How related
to deceased

daughter

CAUSES OF DEATH

104

Primary

General debility

How long

Immediate

Gastritis

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

B. H. Wingard,
Frankstown,
Md.

Accident or Suicide

No

PHYSICIAN
OR CORONER

Chas. E. & Son
Furniture Store

Name in Full		Telara Warren Felty				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Old Forge		County Washington		MARYLAND	
	Date of death	1909	Month 4	Day 8	Age 28	Months 1	Days 11
	Sex	Female		Color or Race	White		Birth-place
	Occupation	House Work		Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife or Husband Oscar E. Warren Felty			
	Father's Name	J. A. Royle				Father's Birthplace	Md
	Mother's Maiden Name	Mary M. Poffenberger				Mother's Birthplace	Md
	Name of person giving information	Oscar Warren Felty				How related to deceased	Husband
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Drowned				How long	Immediate
	Immediate					How long	Immediate
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician Elias C. Hartle		
					Address Acting Coroner		
	Accident or Suicide?		accident				

172

Coffman
Groversville

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pen mor</i>		Town <i>Washington</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>April</i>		Day <i>2</i>		Age <i>67</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		Months <i>10</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mrs L. Hoffinger.</i>					
Father's Name <i>Daniel G Hoffinger</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Susan Alexander</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving Information <i>Mrs L. Hoffinger</i>		How related to deceased <i>Wife.</i>					

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary	<i>Organic Disease Heart.</i>	How long	<i>2 yrs.</i>
Immediate	<i>Acute nephritis.</i>	How long	<i>4 mo</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A.B. Solleberger</i>	
		Address <i>Thaynesboro, Pa.</i>	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary Catherine Worthington* Town *Hagerstown* County *Wash.*
Died at
Date of death *1909* Month *4* Day *15* Age *—* Years *—* Months *7* Days *14*
Sex *female* Color or Race *white* Birth-place *Md.*
Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *single* Name of Wife or Husband *—*
Father's Name *Joseph Worthington* Father's Birthplace *Md*
Mother's Maiden Name *Nettie Keyser* Mother's Birthplace *Va*
Name of person giving Information *Jos. Worthington* How related to deceased *father.*

CAUSES OF DEATH

93

Primary *Lobar Pneumonia* How long *4 days -*
Immediate *Exhaustion* How long *one day*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Accident or Suicide

Suter